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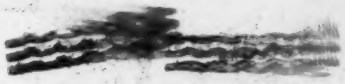

september • october 1971

parents' role in residential treatment
mothers as tutors of young children
play center for handicapped infants
30 years in foster care
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An autistic child responds to the teacher's warmth and spontaneity — an important advance toward "normal" development. Such development is one of the goals of the Edward Levy Infant Center in Pasadena, Calif. The center's program for developmentally handicapped infants is described in the article beginning on page 174.

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One of the major changes in residential treatment centers in recent years is in their attitude toward the parents of children in placement.

In the past, children placed in institutions were often separated both physically and emotionally from their families on the theory that since the parents were the cause of the child's difficulties, contact between the child and his parents should be severed. Sometimes parents were promised that their child would be returned to them if they made appropriate personal changes. However, the institution rarely saw itself as the vehicle of treatment for the parents. Parents who wished to change were expected to get help from other community resources, but often such resources were not available. Consequently, few parents achieved the required change, and this fact reinforced the widespread opinion that such parents were "unchangeable."

Gradually, however, the more progressive institutions began to experiment in helping parents achieve change and maintain parent-child relationships. Their early attempts in this direction included parental visits to the institution on holidays, supervised letterwriting from the child to the parents, conferences between the parents and the social worker. Gradually more and more institutions adopted such practices. The innovations had some liabilities, however. Often the children were overactive, anxious, and disobedient on the Monday following a Sunday visit with their parents. Letterwriting time, which many institutions had expected to be a quiet hour filled with nostalgia, was punctuated by fights, arguments, torn paper, and broken pencils. Interpreting such behavior as a sign that even minimal parental involvement in the children's lives was detrimental, some institutions returned to their former policy of complete separation.

Other institutions, however, having expected this type of manifestation of already acknowledged conflicts between the parents and child, responded by mobilizing resources to help the family work through such difficulties. Today a growing number of children's institutions not only tolerate, but actively encourage, parent involvement in the institutional treatment program.[1,2,3] They recognize that the child who makes a good adjustment to an institution is not necessarily prepared to cope with the demands of living at home.[4]

The practice of maintaining close family ties throughout the entire period of the child's placement

INVOLVING PARENTS in RESIDENTIAL TREATMENT of CHILDREN

KENNETH H. HEITING

in a residential institution is advantageous for the following reasons:

- It helps offset the child's fear of being abandoned and his feeling that he was sent away because he is bad.
- It helps keep alive the anxiety the parents have developed from feelings of guilt and failure in having placed their child away from home—anxiety that can be used in the treatment process to stimulate the parents to find new and more effective ways of interacting with their child.
- It keeps the conflicts between parents and child active and so provides the treatment staff with specific types of behavior on which to focus in helping the child and parent effect change.
- It forces the detached, neglectful parent to acknowledge his responsibilities to the child,[3] or, failing that, opens the way for steps to provide a substitute family for the child.

An evolving program

For these reasons the St. Aemilian Child Care Center in Milwaukee, Wis., where I am casework supervisor, has for the past 5 years been experimenting with ways in which to involve parents in the treatment of the children in its care. While the program is still evolving, we have found that in many cases it has helped children to return to more understanding homes.

St. Aemilian's is a private, nonsectarian treatment center for emotionally disturbed boys between the ages of 6 and 14, with a capacity of 37 boys in residential care and 15 in a daytime program. Both programs provide psychotherapy and intramural education and both expect the same kind of parental involvement.

Most of the children come from low- or middle-income families, but a few come from well-to-do families. Their disturbance is manifested in neuroses, character disorders, and incipient psychoses. In some boys the disturbance has arisen from emotional or physical neglect, or both. In some it derives from minimal brain damage. All have at least average intellectual potential, however.

Since the majority of the families are unable to afford the cost of care, most of the children come to the center through referral from the Milwaukee County Social Service Department. The department pays the full fee, but requires partial reimbursement from the parents according to their ability to pay. Legal custody of the child is routinely transferred to the Social Service Department (to make it eligible for Federal matching funds) but parents continue to retain guardianship.

The Department of Social Services maintains close contact with the center in regard to each child. The center offers short-term aftercare services as needed. If long-term services are required, the department makes other arrangements.

When a child is referred to the center for treatment, the referral materials are reviewed by all of the staff members who will be working with him. Then the child and his parents are invited to tour the grounds with the caseworker or the child-care worker assigned to help the child. We have found that seeing the institution in this way often stimulates the family to discuss their fear of separation and their concerns about placement.

After the tour, the child and his parents participate in a preplacement conference, attended by the center's treatment coordinator and the front line staff assigned to the child—teacher, child-care worker, and social worker. The child attends the first half without

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A father explains fundamentals of basketball to boys in his son's cottage at St. Aemilian.

his parents. He is asked to explain why he thinks his parents brought him for the visit, how the center differs from other schools, how he would feel about coming to it, and what he would like to change in his life. The anxiety arising in the child from such direct questioning stimulates him either to express his feelings frankly or to mobilize his defenses, thus giving the staff an opportunity to observe the way that he responds, whether by withdrawal, talkative evasion, or aggressive action.

The parents attend the second half of the conference with the child. The staff asks them to review their reasons for seeking help for their son. If they hold back for fear of hurting the child, they are urged to be frank and honest. We use this occasion to inform the parents that they are expected to work closely with the staff, to attend weekly or biweekly conferences with the child's social worker and monthly group meetings with other parents. They agree to have their child at home on regularly scheduled visits. We have found that generally parents welcome the opportunity to remain in close contact with their child and with the staff.

If the referring agency, the staff, and the parents agree on the suitability of placing the child in the center, one or two additional preplacement visits are scheduled for the child and his parents. On these visits the child spends several hours with his future cottagemates.

While he is doing this, the parents meet with the cottage parent, the social worker, or both, to discuss the details of admission and to complete the admission forms. Before leaving the parents are given some literature to take home containing answers to such frequently asked questions as what clothing the boy will need, where he will get his hair cut, and who will provide medical care.

At the time of admission the parents, the representative of the Department of Social Services, and the center's social worker accompany the child to his assigned cottage. There they are welcomed by the child-care worker, who takes them to the child's quarters. In the past the child and parents would say goodby at this point. We are now experimenting with having the parents remain while the child unpacks his clothes and gets settled in his cottage. In this interval the child-care worker has a chance to talk further with the parents and find out about the child's favorite foods, special interests, sleeping habits, and other idiosyncrasies; the parents have a chance to become better acquainted with the child-care worker and thus alleviate some of their anxiety about leaving their son with a stranger; and the child has the comfort of his parents' presence while he gets settled. Cottage staff members are enthusiastic about this innovation and the parents also seem to appreciate it.

Focus on the family

Both parents—if there are two parents—are required to attend casework therapy sessions with a social worker on a regular basis. These sessions take various forms depending upon the needs of the family—individual appointments, joint sessions with husband and wife, or family sessions including the child and his siblings. They may take place on a weekly, biweekly, or even monthly basis. In some cases a

co-therapist—the child's houseparent or another social worker—regularly participates in the sessions.

While the social workers employ traditional casework techniques, they also use sociobehavior [5, 6] and learning theory [7] approaches that are focused on current behavior and its modification, often mixing various techniques in their work with the same family.

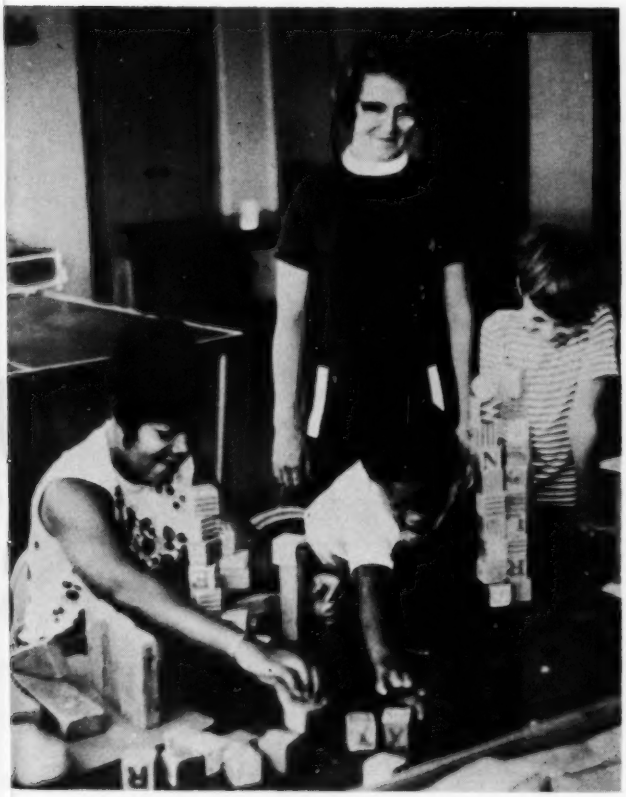
The center has arranged for the parent discussion groups to meet monthly in the relaxed atmosphere of each of the five cottages, under the leadership of the cottage child-care worker and one of the center's four social workers. The purpose of these meetings is to provide the parents with an opportunity to get to know each other, to discuss common problems, and to hear about their child's day-to-day experiences in the cottage. After each meeting the parents have refreshments and visit with their child.

Several of the group leaders use programed learning guides, such as "Modifying Children's Behavior" by Robert Valett [8] and "Living With Children" by Gerald Patterson and Elizabeth Gullion,[9] as resource material for group discussions or individual study.

At present 85 percent of the parents who have children in placement attend these discussion groups. Four of the cottages hold their meetings in the evening; one, in the afternoon. The times were set to suit the convenience of the majority of the parents in each group. Nevertheless, a few parents cannot attend because they are working at the scheduled meeting time for their group or because they live too far from the center to attend in the evening.

Three sets of parents have refused to attend the discussion groups after their first few meetings. Although the staff has urged them to return to discuss their objections with the group members, they have not done so. These parents are, however, continuing to meet with their caseworkers.

The center pays taxi fare for a few parents who live in the inner city and are afraid to wait on the street for a bus at night.



Mothers learn how to deal with their sons' disruptive behavior by observing or participating in supervised cottage activities.

Parental training

For many of the parents, the treatment program includes training in the handling of children. In addition to teaching child management techniques in individual therapy sessions and the discussion groups, the child-care workers invite some parents—fathers as well as mothers—to spend a few hours a week in the cottages observing the child-care staff in action. During this experience the parents not only see various kinds of techniques working successfully, but they also learn that even the experts occasionally make mistakes. This is an important observation for parents who are unable to admit a mistake to a child for fear the child will hold it against them. Parents are scheduled for this type of experience if the staff expects that the particular form of behavior that the parents are unable to handle in their child at home will occur in the cottage while the parents are there.

We sometimes encourage parents who are in a cottage for observation to interact with the children and to handle incidents involving their own child. This gives the child-care worker an excellent opportunity to offer immediate reinforcement if the parent does well, or to suggest an alternative method if the parent does poorly. However, we do not allow the parents to handle situations involving children other than their own.

The observation-participation approach was especially useful in helping Mrs. M, a divorcee, learn to

manage her five children, one of whom was a resident in the center. The children, aged 8 through 16, made many demands upon her and often forced her into changing her mind about the limits she set for them.

In her therapy sessions Mrs. M and her social worker discussed many ways of being firm with her children, but Mrs. M was unable to put any of them into practice at home. Therefore, the staff decided to invite her to visit her son's cottage to observe the application of these techniques by the child-care worker in handling a group of children.

Mrs. M was reluctant to visit the cottage. However, after discussion she did agree to participate.

In her visits to the cottage she saw the success of the child-care worker's ways of dealing with the group and witnessed the worker's firmness when the children attempted through pleas and threats to change the houseparent's mind about a decision. As a result Mrs. M decided to try to handle her other children in the same fashion. Soon she was reporting increasing success.

Psychiatric evaluations

The parents are also included in the periodic evaluation of their child's progress. Each boy is the subject of an evaluation conference two or three times a year, attended by a psychiatric consultant, the treatment coordinator, a representative from the Department of Social Services, and the child-care worker, teacher, and caseworker who are assigned to the child. Sometimes the parents and child are invited to attend these conferences, not only as observers but also as participants. The experience invariably heightens their anxiety, but their nervousness does not impede the conference.

Being present at such sessions not only increases the parents' understanding of their child's needs, but also gives them a more realistic view of the staff. Any fantasy of staff omniscience they may have is dispelled as they listen to the staff discussion.

For parents who do not participate directly in the psychiatric evaluation, we often hold a "summary" conference the following week. At this conference the child's social worker, child-care worker, and teacher and occasionally the treatment coordinator discuss with the parents the child's response to the residential program. They explore the staff's understanding of the family's dynamics and future goals for the child.

Parents and teachers

The center's education department schedules two or three individualized parent-teacher conferences each year. Such meetings give the parents and their child's teacher a chance to discuss the child's schoolwork and his adjustment to the classroom and stimulate cooperation between the parents and the teaching staff.

We have found that these conferences are a better way of letting the parents know about the child's school progress than filling out a report card. Although the social worker in the therapy sessions has already discussed the child's school adjustment with the parents, they seem to feel more comfortable when presented with concrete examples of their child's schoolwork by the teacher.

The teachers often ask parents to participate in their child's educational development by reviewing some of the academic materials with him over the weekend. This practice brings the teacher and the parents into a close alliance.

We are now considering the possibility of using parents as teacher's aides in the classroom as a way of involving the parents more closely with their child's educational progress.

The center holds an open house once a year. Parents may invite relatives and friends to take a tour of the center and meet the staff, thus making it easier for them to explain their child's placement. The children are tour guides and an atmosphere of friendly informality prevails.

With a few exceptions, the boys in residence visit their homes at least every other weekend. Those who are nearing discharge visit home every weekend. A child does not visit home, however, if his parents do not have the ability to handle his behavior or if the staff has decided that a visit will not yet be good for him or his family.

Parents are often eager to talk with the child-care worker when they are returning their child to the institution after a home visit. This is a propitious time therapeutically for encouraging both parents and child to talk out their feelings about separation. However, the child-care worker often finds it impossible to talk to all the parents bringing children back and still supervise the children in the cottage. We are now trying to hire college students on a part-time basis to provide double coverage in the cottages during the several hours that the children are returning. This will free the regular child-care worker to welcome the returning children and spend some time with their parents.

In the future we plan to offer parents an opportunity to have staff members come to their home while their child is visiting. By observing the patterns of parent-child interaction in the home, the staff member

can discuss with the parents appropriate ways of dealing with the kinds of situations that arise. The staff members would also make regular followup visits to help the parents use the suggested methods.

Some problems

Occasionally parents who agree to participate in the treatment program at the time of their child's admission to the center later refuse to become involved. They cancel appointments with their social worker, fail to attend cottage group meetings, and show little interest in their child's school progress. When such signs of disinterest appear, the staff tries to find out from the parents what is happening and why. Are they having transportation problems? Do they find it difficult to relate to a particular staff member? Do they disagree with the staff on a particular point regarding their child?

If we find that the parents mistrust both the staff and program, we try to clear up the cause of the mistrust. If the difficulty cannot be overcome and the parents wish to remove their child from the center, the problem is referred to the Department of Social Services, which has custody of the child. If the department decides that returning home would be detrimental to the child, it may take the case to court. However, if the chances seem good for the child to live at home without incurring further damage, he is returned to his parents' full-time care. We have found that children make very little progress when their parents strongly object to continued residential treatment.

Sometimes we find that parents do not cooperate because they do not want to assume any responsibility for the child and do not want him returned home on a full-time basis. When this is so, we confront the parents with the fact that the center cannot assume the role of a parent and that we will recommend to the Department of Social Services that a substitute, or foster family, be found for the child.

Every child in care needs to know that there is a future for him outside the institution. We have found that when a child's parents are grossly inadequate, a foster family can provide the child with a warm, personal link with the outside community. By becoming involved with the child while he is still in residential care, a foster family offers him hope. In such instances the foster family is encouraged to participate in many aspects of the treatment program.

Our experience has shown, however, that most parents—even those who have badly neglected their children—will respond to a respectful, hopeful attitude on the part of the staff. Parents' shortcomings have to be dealt with for the sake of the child, but a frank discussion of them rarely stands in the way of a productive parent-staff relationship when the staff also recognizes the parents' strong points and their potential for growth.

The meaning for children

What effect has the center's program of parent involvement had on the children in its care? This question cannot be definitely answered because it is difficult to single out the effects of this program from the effects of other recent changes at St. Aemilian's. For example, we have strengthened our ability to serve boys through an increase in the number of staff members and the inauguration of the day-care program.

The average length of stay of boys discharged thus far in 1971 has been 30.5 months, compared with 36 months for those discharged in 1968. Of the 57 boys discharged during the past 4 years, 39 were returned to live with their own families, nine were placed with foster families, and nine were transferred to other types of residential care. Thus there has been a gradual decrease in the average length of stay of the children in residence during the past 4 years, and the majority of the children discharged have been returned to family living—most of them with their own parents.

We believe that the increasing involvement of parents in the treatment program has played a significant role in these achievements.

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A MOTHERS' TRAINING PROGRAM—

the road to a purposeful existence

EARLADEEN D. BADGER

Today numerous efforts are being made under various auspices to involve socially and economically disadvantaged mothers in activities to improve the quality of their children's lives. Too often, however, such activities tend just to reach those extroverts who need only a little encouragement to exercise their natural propensity to action. The apathetic among the poverty-stricken—those whose spirits seem to have succumbed to a sense of hopelessness and despair—tend to remain untouched because they have little faith in their ability to achieve. Yet these are the parents most likely to need help in raising the quality of their children's lives.

I am convinced, however, that even the most apathetic mothers can be spurred to activity in the interest of their children—with patience and conviction on the part of those who would bring this about. My conviction has been confirmed by my experience in a mothers' training project in Champaign-Urbana, Ill., carried out under the auspices of the University of Illinois from 1967 to 1969,[1] and by my subsequent experience in helping apply some of the methods developed in that project to two Parent and Child Centers.

The Champaign-Urbana project was focused on teaching socially and economically disadvantaged mothers to stimulate the cognitive development of their 1- to 2-year-old children. A significant byproduct, however, was what it did for the mothers themselves. Over the 2-year period it changed the attitudes of seemingly hopeless, helpless women to one of purposeful direction. But the change took time and staff persistence.

Twenty mothers, each with a child between the ages of 1 and 2 years, participated in the project. They were recruited from neighborhoods of the poor through the local offices of the public aid and public health departments and by a project interviewer who canvassed acutely disadvantaged sections of the city to find families new to the city or otherwise not known to the referring agencies.

In the recruiting contacts, each mother was asked if she would be willing to attend a 2-hour meeting each week to learn how to teach her young child and to apply the methods she learned there in a daily session with the child at home. She was told she would be paid $1.50 an hour to attend these meetings so that she could make appropriate arrangements for child care during her absence from home and that the university would provide transportation for her. She was also told she would not be paid for working with her child at home, but that toys and other materials used in the instructional program would be given to her for her baby. Finally, she was told that her child would be tested before and after the program to determine how successful she had been as a teacher.

Although the mothers interviewed readily acknowledged the importance of education to their children, they obviously did not recognize their ability to contribute to that education. On the whole, they were openly skeptical about the suggestion that they could learn ways to stimulate the intellectual and language competencies of their babies at home. It took several revisits from the staff to persuade some of the mothers to give the program a try. Once they joined the group, however, not one mother dropped out before the end of the first year.

The 20 women who participated ranged in age from 19 to 56; three were grandmothers participating in behalf of a daughter's child for whom they carried major responsibility. All but four were recipients of aid to families with dependent children; the remaining four met the poverty criteria acceptable for admission to a Head Start program. All but two of the women (and children) were black. The mothers' educational level ranged from 6 to 12 years of schooling. All had at least one other child at home, the average number of children in their families being five.

Fathers were absent from all but five of these homes. Six of the women worked on a part-time basis (domestic daywork) to supplement AFDC funds; three had stable, full-time employment (a hotel maid, an aide in a nursing home, and a drugstore cashier); and one attended a beauty culture school on a full-time basis. The mothers in the families of the participating grandmothers were going to school full time.

At the beginning of the project the mean chronological age of the 20 participating children was 19 months; the range in age was from 14 to 26 months. Nine of the children were girls and 11 were boys. Their initial IQ scores ranged from 79 to 120. None of these children attended a day-care center or a preschool during or before this study.

The first year

During the first year of the project the staff work with the mothers and children took place over a period of 7 months. To encourage interaction, the 20 mothers were divided into two groups of 10 each. Weekly 2-hour meetings were scheduled for each group. Each meeting consisted of two parts: a child-centered and a mother-centered period.

In the child-centered period the mothers, with guidance and example from the staff, learned how to use educational toys and materials to stimulate their child's intellectual and language development. As the leader demonstrated teaching techniques with each new toy, she used key words that she asked each mother to use in playing with her child and to encourage the child to repeat.

In the mother-centered period the mothers, with a minimum of staff guidance, discussed with each other not only their reactions to what they were being taught but also the aspects of child-rearing, family life, and problems of living that interested them most.

Two staff members participated in these weekly meetings; one served as a group leader and the other as a recorder. They also made visits to the mothers' homes once a month, or more often when necessary, to reinforce the teaching principles introduced at the meetings and to help each mother establish a positive working relationship with her child. They evaluated the appropriateness of the children's activities and the effectiveness of the mother's teaching strategies. To foster a positive relationship between mother and child, the visiting staff member often served as a teacher-model for the mother.

The following principles of teaching were stressed both at weekly meetings and during home visits:

1. ***Respect your child.*** If you have a good working relationship with your child, you can be an effective teacher. A good relationship is based on mutual respect.

2. ***Be positive in your approach.*** Acknowledge the child's success in each new task, even when the child simply tries to do as he is instructed. Minimize mistakes, show the right way immediately, have the child attempt the task again, and praise him.

3. ***Break the task into separate steps.*** Teach one step at a time, starting with the simplest. Do not proceed to the next step until the child is successful with the first.

4. ***Do not scold, beg, or bribe.*** Your time together should be fun for both of you. If the child does not attend or try to do as instructed (and you are absolutely sure he can do what is asked), put the toys away until later.

Thus this project combined the group process with the home-tutoring methods described by Painter [2] and Schaefer.[3]

Toys were provided the mothers not only as media for stimulating the child's intellectual and language development but also as media for bringing about a positive interaction between mother and child. The toys included nests of cans and boxes, snap beads and 1-inch beads for stringing, rings in graduated sizes, a form box, and masonite shapes in various colors and sizes. These were the same kind of toys used in the Kirk tutorial study described by Painter.[2] In addition, the project used art materials (crayons, scissors, play dough, chalk, and slates), inexpensive books, wooden inlay puzzles with three to 12 pieces, simple lotto games, toys for unstructured play (pounding bench, busy box, and musical ball), and toys to demonstrate transfer of learning (a stack tower and interlocking cubes). The mothers were encouraged to take home the books and inlay puzzles through a "lending library" system. While the books were intended to foster language interaction between mother and child, all program toys created opportunities for verbal development.

Each family was also provided with a child's table and chair and a laundry basket for toy storage as conditioners of good work habits, order, and organization.

One home project that proved successful in stimu-

lating verbal responses from the children was making a picture book. The mother or the older children in the family cut pictures from magazines of objects the infant or toddler could recognize and pasted them in a scrapbook. Going over the pictures with the child, the mother encouraged the child to point to the objects she named or to name them himself if he could. "Reading" this book together in this manner fostered a sense of shared accomplishment between mother and child—a feeling that many of the mothers had not experienced before.

At first the work periods between mother and child often lasted no more than 10 minutes because of the shortness of the child's attention span, but within 2 to 3 months, many of the children were attending for as long as an hour.

Focus on mothers

The staff input in the mother-centered portion of the meetings was not always directly related to the mother's interest in her child. It early became evident that these mothers had had so little attention to their own needs that they had to get their feelings about themselves out in the open and clarified through discussion with one another before they could feel good enough about themselves to approach a task with any confidence of success. In other words, before they could develop a positive working relationship with their infants or toddlers, they needed to develop a greater acceptance of self.

A mother makes a game of teaching her daughter that a circle is round—a technique she learned in the mothers' program.

During the early stages of the program, mothers commonly resisted change through withdrawal—helplessness was their defense. To convince them that they could alter their lives and those of their children, the group leader employed four methods:

1. ***Treating the group with respect.*** Throughout the project the mothers were accorded the same respect as the professional teachers. An obvious respect for their ideas and their ability to succeed helped enhance the mothers' self-image and convince them that they *could* teach.

2. ***Emphasizing group responsibility.*** Early in the program the leader explained that each mother could expect help in fulfilling the goals of the program through the group itself. The practice of discussing experiences of success and failure within the group contributed to the group's cohesiveness.

3. ***Adopting the role of enabler.*** The leader provided a model of what was appropriate in dealing with the children. In the discussion periods she reinforced pertinent aspects of the discussion, but allowed the group members to provide their own vehicle for attitude change through their interaction with each other.

4. ***Honesty.*** The leader at times had to say things that were not pleasant for the mothers to hear. For example, she frequently confronted the group with the inadequacy of their defenses of withdrawal and helplessness. Because of the existence of mutual respect, the members could face these issues in their discussions with each other after the leader brought them up. A direct, assertive, specific approach was thus employed rather than the traditional insight-oriented method of group therapy.

Since most of these mothers were black, the leaders presented the films "Guess Who's Coming to Dinner" and "Palmour Street" and a speaker from the black power movement to foster discussions of black pride. An interest in birth control was stimulated by a family planning counselor invited to speak before the group.

The choice of other topics was generally guided by the mothers' expression of interest. Among the subjects that occasioned much give-and-take were child discipline and the generation gap.

Occasionally, pamphlets or magazine excerpts were distributed for reading before the discussion sessions. The mothers were also taken on visits to a dem-

onstration nursery school and to the public library to obtain library cards.

Through their discussions with one another and the leader's example of respectful listening, the mothers gradually learned to respect each other's ideas. They also learned little by little to trust and communicate their own ideas and thus to gain self-confidence and self-respect.

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The second year

Of the original 20 mothers, 15 continued to participate in the project during its second year—actually a term of 8 months.

Three of the five who did not return had secured full-time employment and decided they did not have time to attend the meetings, but they kept in contact with the group leader and often sought help in managing the dual roles of a working mother. Of the other two, one had died during the summer, and one, an extremely unstable 18-year-old mother of three children, had deserted her family.

In the second year, the structure of the program remained the same but the 15 mothers met as a single group with one staff member only for most of the term. During the last 2 months the staff member was aided by a group-leader trainee.

Children's activities. Many of the child-centered activities were aimed at extending the gains made in the first year. Form perception, encouraged the first year with the use of a form box and the masonite shapes, was reinforced the second year with the use of masonite templates. The 1-inch beads were replaced by half-inch beads, and all the children learned to string them. Matching skills acquired in the first year through lotto games played with objects were enhanced by classification activities the second year.

Using margarine containers, the children sorted concrete objects and eventually 1-inch cardboard disks with pictured objects. Most of the children learned to recognize and name three shapes (circle, square, and triangle) and to distinguish big-, little-, and middle-sized shapes.

The children learned to sort objects or pictures into two to six categories, to distinguish among the alphabet letters A through F, and to arrange colored rods of five lengths in sequence. Color and number concepts were emphasized in all these activities, as were the vocabularies of sequence and dimension. The five oldest children knew the seven basic colors at the end of the second year, and could count concrete objects up to five and reverse the count as objects were removed.

All the children regularly used the art materials and pasted their own products—a snowman, geometric shapes, collages—into a scrapbook. Puzzles with as many as 20 pieces were added to the lending library as were toys, pictures, puppets, beaded number cards, pegboards, blocks, and more books. By the end of the term some of the older children could put the 20-piece puzzles together correctly.

Each child received a set of three books from which mother and child were given assignments to "read" together in a manner demonstrated by the teacher.

Spatial relationships connoted by prepositions were introduced to the children by manipulating objects on a table and using a picture book designed for this purpose. Words such as "first," "next," and "last" were also stressed. The children used rubber and plastic dolls and toy animals and autos in these exercises.

The children learned about direction as they drew lines on paper and copied patterns drawn by their mothers. Through regular practice in making circles and horizontal and vertical lines, several of the older children learned to draw a stick figure, correctly placing hair, eyes, ears, mouth, and fingers. Some of them became adept at following a multicurved line with a crayon. All of the children enjoyed cutting and coloring activities, and several of the 3-year-olds were successful in continuous cutting action following simple outlines with their scissors.

All these activities were encouraged by the mothers in their homes after they learned how to do so in the practice and observation sessions at their weekly meetings. In addition they again kept a scrapbook for the child, but this time the child cut the pictures out and pasted them in himself or colored pictures put there by his mother.

During her home visits the staff member observed a general improvement in the working relationship between mother and child, which was regularly rein-

forced by the mother's praise of the child's progress. She also noted the following improvements in all the children, though in varying degrees:

- An increased attention span on the part of the child.
- Greater persistence and an increased frustration tolerance in solving problems.
- A logical order in thinking with an ability to transfer a lesson learned from familiar to new material.

The mothers were obviously delighted with the skills and abilities they had helped their children develop.

The mothers' growth

With encouragement from the staff the mother-centered portions of the second year's meetings increasingly emphasized ways of becoming involved in community affairs. Some of the mothers began to take part in community activities and to share their views and experiences in this regard in the mothers' group meetings. Their enthusiasm emboldened others to become more assertive.

The mothers revealed their increased self-confidence by—

- ***Sharing staff responsibilities.*** One mother served as notetaker for all the meetings; four mothers were trained as home visitors and ably performed in this capacity; five mothers presented talks at regular meetings and moderated the discussions that followed.
- ***Initiating plans.*** The mothers planned and presented a demonstration of what they had learned for eight visitors from the Peabody College for Teachers. They also planned and participated in making a video-tape focused on solutions to community and family problems. In addition, four mothers participated in a taped discussion on family planning. Another mother arranged for a speaker to give the group a talk on black history.
- ***Volunteering suggestions.*** Mothers frequently offered suggestions and comments during the instructional sessions regarding the teaching principles presented by the staff leader. Such spontaneous contributions had not occurred the first year. The mothers were also generally more receptive to guest speakers than they had been the first year.

The most frequent type of community activity engaged in by the mothers was in connection with preschool education. Perhaps the most outstanding example of self-help and purposeful direction was provided by a mother of seven children. She attended school for 3 hours a night, 4 nights a week, for a period of 3 months to prepare for the high school equivalency examination so that she could get a job as a teacher's aide and "get off welfare." Other mothers became involved in a Head Start program; one mother was hired as an assistant teacher in a Head Start center, two mothers presented talks about the mothers' training program to Head Start parents' groups, another mother attended a 3-day Head Start inservice training program in Chicago, and four mothers helped recruit children for enrollment in the Head Start summer program.

Some mothers also became involved in other types of community affairs. One presented a talk at a PTA council meeting in which she suggested that all mothers should have an opportunity to participate in programs to teach them to help their children prepare for success in school. Another mother helped form a new mothers' group at a local public school. One mother obtained a job as a home visitor for the local Planned Parenthood Clinic. Five mothers took advantage of a university-sponsored trip to Chicago to hear a speech by Rev. Jesse Jackson of Operation Breadbasket and to learn more about self-help programs in large metropolitan areas. When the local Economic Opportunity Council called a meeting to discuss the possibility of establishing a parent and child center in the community, 12 of the 15 mothers in the group attended; they were the only persons there who were indigenous to the neighborhood.

Some implications

Toward the end of the project, the children in this program were tested on standardized measures and their scores compared to those of children in a matched control group and also with a control group composed of their siblings. The scores of the experimental group were significantly higher than the scores of either of the control groups.[1]

However, if the merits of this program are considered only in terms of its impact on the child-participants, then its real significance is overlooked. Any program for the disadvantaged that directs itself to the education of parents hits the real target. Behavioral characteristics related to a child's success in school and society are learned at home and extend

from parent to child. If parents feel a sense of defeat and hopelessness, so will their children; but if they exude a feeling of self-confidence, this will be transmitted to their children.

Attendance records are useful in assessing the impact of the 2-year mothers' training program. The average attendance of the 20 mothers during the first year and of the 15 mothers the second year was 80 percent. Such a highly stable attendance record is impressive for mothers supposedly of the "culture of poverty" who, according to sociological and anthropological studies,[4-7] are trapped in a disabling, self-perpetuating cycle of purposeless existence.

Attendance records, however, do not reveal the intensity of the mothers' commitment. The important criterion of success is the relationship each mother established with her child.

Thomas Gladwin has expressed doubts about the inevitable perpetuation of the culture of poverty. He has suggested that any program for the poor must first convince the poor that they *can* control their destiny and that they *do* have a future. The program may not bring these conditions into existence, but it must convince the poor that self-determination is possible.[8] In this regard, an important aspect of the mothers' training program was the sincere and frequently expressed belief that socially disadvantaged mothers *can* change their lives and that they *want* to. Equally important was the conviction that educationally disadvantaged mothers can become effective teachers of their infants.

This project demonstrated the importance of structure in planning and well defined goals in encouraging the sense of self-realization and self-help prerequisite to confident self-direction. It also demonstrated the importance of *time* in effecting attitude change.

Change in the mothers' attitudes began when they discovered they were effective teachers of their infants and toddlers. As they learned to control and order their lives in one area, they extended control to other areas. One manifestation of their new sense of self-determination was a changed attitude toward birth control. In this highly fecund group only one mother became pregnant during the 2-year period.

Time is an important ingredient in any program that hopes to effect attitude change coupled with social action. In the first year of this program numerous attempts on the part of the leader to encourage community involvement met with discouraging results. These mothers had spent the greater part of their lives "tuned out" to the world around them. For them the goal of existence was to survive. Only very slowly did they learn how to listen and to speak in a group. The various kinds of community activities in which members of the group engaged during the second year of the project, compared with the resistance and defeatism encountered during the first year, clearly indicates that *time* is a requisite in the evolutionary process of a group approach.

The failure of many program sponsors to consider time as a variable when determining expectancies for parents may explain why so many programs rarely yield more than short-term benefits. Parental involvement will not be won unless program leaders demonstrate a high level of commitment and perseverence.

Defeatism, alienation, and a sense of powerlessness in parents can be replaced with a sense of purpose—a purpose which may begin with a mother's interest and concern for her child's future and may be extended to efforts to change the institutions in society that maintain the status quo of the poor.

In recent months I have been engaged in the training of nonprofessional workers in a Parent and Child Center in Mount Carmel, Ill., to teach parents to teach their children, using the principles described here. The experience has shown that the required level of commitment can be found and nurtured in such workers, and that they in turn can transmit their enthusiasm to the parents with whom they work. Perhaps in this direction there lies a possibility of starting a chain reaction among the poor of any color to take up the same challenge Nathan Wright, Jr., has addressed to the black: "We have not become what we shall become."[9]

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A PLAY CENTER FOR DEVELOPMENTALLY HANDICAPPED INFANTS

FLORENCE DIAMOND

The time to intervene in developmental retardation is in infancy. Of this there is no longer any question. But how? One way has been initiated at Villa Esperanza, a nonprofit voluntary school in Pasadena, Calif. Here a tiny cottage—known as the Edward Levy Infant Center (Elic) in honor of a much loved "granduncle" volunteer—has been converted into a playschool for developmentally handicapped infants from 3 months to 2½ years of age.

The Elic program, now in its fourth year, is making converts of pediatricians who at first were skeptical. The goals of the Elic program are (1) to make possible a full and meaningful life for developmentally retarded children and (2) to help establish as early as possible normal living patterns for both the children and their parents.

Infants are considered developmentally retarded when they are functioning sufficiently below age expectations to cause professional concern about their delayed emotional, social, or cognitive progress. Major causes of retardation among our infants are birth injury, encephalitis, infantile autism, blindness, deprivation, and congenital factors such as rubella and Down's syndrome.

The retarded infant is twice disadvantaged. First, although he needs more assistance in progressing through the stages of development than the nonhandicapped infant, he receives less and that less too late. Second, like all babies, his emotional health depends upon the good emotional health of his parents, but because he is a handicapped child, his parents suffer fear, anguish, bewilderment, and too often shame. Parents who have just realized that they have a handicapped child need emotional support not only from their families (and too often that is denied them) but also from the community.

In 1968 as chairman of Villa Esperanza's education committee, I undertook the task of developing an infant program that would serve the developmentally retarded. Perhaps because of my long association with nursery schools, I was propelled toward designing an ideal nursery school with a curriculum appropriate for children in the creeping and crawling stages. There was no model for us to follow. There was only the conviction on the part of the staff and Villa's director, Elene Chaffee, that we would find a way.

We started with five fundamental principles:

1. All infants, handicapped and nonhandicapped, are more alike than different.

2. The retarded are not equally handicapped in all areas of their development. They may even be advanced in some areas.

3. Each individual, whether parent, baby, or other, has a life that is to be respected. The preciousness of life is not to be measured in IQ points.

4. While all children are more alike than different, each is also different with his own patterns of development, satisfactions, and needs.

5. Teachers and parents must avoid the twin evils of overstimulation and inaction.

A successful infant program can take many forms. We like the one we are evolving. Elic is an infant playschool where planned programs are thoroughly mixed with love and laughter.

The setting

Our cottage has two adjoining playrooms, an observation room, a diaper and potty room, and a minuscule reception room. In deciding that babies do not need cribs, playpens, or much other furniture, we have taken a lesson from the Japanese. We and the babies live on the floor.

All adults doff their shoes upon entering the building. Instead of tatami on the floors, we have put in heavily padded wall-to-wall golden yellow carpeting throughout the building, except in the second playroom. Here we have vinyl—better for wheeltoys, wiping up food spills, and of course, for early toddling.

We opened with six babies—all we want at one time in our small cottage. My feelings on that first day (as I drove to the infant center) were a mixture of hope and anxiety. It was raining heavily, and I wondered if the parents would even come out. They did. They tenderly placed their little ones on our carpeted floor and stood back. We turned on soft music. The babies looked one another over, and the miracle happened. They smiled. We knew that Elic, the infant playschool, was born. Since then we have served 42 families.

In all of these cases we have been able to make a significant contribution. However, there is also an element of failure in about 10 percent of them. For example, there is the mother who never gave up her search for a complete magical cure of her son, severely handicapped by congenital rubella. Another "martyred" mother abruptly withdrew her neurologically handicapped daughter at the first dramatic signs of emotional improvement.

With a few exceptions, the parents have expressed great enthusiasm for the program. We have not rejected any applicants because of inability to meet our fees, thanks to our liberal scholarship program.

At first the children came three times a week from 9 to 11 : 30 a.m. But it is very hard to turn away babies and parents in need of help. So, in order to expand our services, we are now open 5 days a week. This schedule provides a total of 30 child-days each week for our infants. By assigning the 30 child-days in a variety of individual schedules, we attempt to get optimal grouping of infants according to their needs and interactions.

Agency cooperation

New parents learn of Elic through the Child Development Clinic, the Department of Public Social Services, the Regional Center for the Mentally Handicapped, Field Service for the Blind, our own parents, and increasingly from pediatricians who have seen the benefits to infants and parents.

The majority of the infants are evaluated by the Child Development Clinic in Pasadena, either before

or immediately after they enter Elic. Others have been diagnosed at Children's Hospital of Los Angeles, USC Medical Center, the Neuropsychiatric Institute of UCLA, or by their own pediatricians. We participate in these evaluations and also make our own diagnostic studies.

We see to it that every child has the benefit of available services of agencies in the city and county. Our school nurse and our social worker help parents follow through on all recommendations. Excellent working relationships exist between our staff and the staffs of the agencies. For example, when physiotherapy is provided by the Crippled Children's Services, the head teacher is invited to observe the methods so that she can incorporate them into the child's program; when fieldworkers from other agencies want to get a fuller understanding of children they are also serving, they come to Elic.

The teaching staff consists of a head teacher, an assistant teacher, and a speech consultant who spends an hour each morning with the infants. In addition, the school nurse visits the cottage daily and the social worker and I are often present. Thus we are prepared to move swiftly to protect the infants if it should be necessary to evacuate the building or call upon an extra adult for a special service.

An infant teacher needs to be a warm, imaginative, stable, tranquil person with a zest for life. We are fortunate in our staff. Elic's head teacher is a well trained and experienced nursery school teacher with a solid foundation in infant and child development. Her assistant is enrolled in career training.

Curriculum

The child's needs determine the curriculum. We start from the premise that every child has the need to love and be loved; to transmit and receive communications, to build, to explore, to achieve, and to play and be played with. Parents and teachers of nonhandicapped children usually have little difficulty in recognizing these needs. They have only to listen and watch.

But often the handicapped child cannot give the appropriate signals. Further, there tends to be an imbalance among his abilities.

For example, Harold reads facial expressions remarkably well. He is fascinated by pictures and shapes, but his legs are weak and he is limited in his explorations. He is also lagging behind his age group in his ability to communicate. These conditions are very frustrating to him.

If we and his parents followed the public school system of waiting until he was 6 or even 8 years old before providing him with learning experiences, the satisfactions he now has in fitting shapes and forms together, reading picture books, and building with blocks would have been denied him. He would have had no experiences of success, no joy in achievement. He would be withdrawn and apathetic. His abilities would have atrophied from lack of use.

It is our task to see that we do not allow our children to be reduced to the level of their most retarded function, but to help them to achieve in each area of their development whatever level they are comfortably able to reach. It is just as important that we do not force Harold to walk upon legs that are not ready, thereby subjecting him to unfortunate experiences of failure and frustration, as it is that we give him opportunities to enjoy the triumphs of building towers and bridges.

Handicaps are not necessarily physical. We have one baby, now in a foster home, whom we diagnosed as suffering from hospitalism. We are teaching this child to smile. We discovered that he likes sudden strong motion. We cuddle him, jiggle him, toss him in the air, and he crows. He is making progress. Now his formerly stiff body curves into the contour of his teacher's. His cheeks are getting rosy, his eyes less empty, hair is growing on the back of his head, and the bed sores are disappearing.

Our first blind child came to Elic when he was 1 year old. We wondered, as he started to walk, if all

the toys had to be removed from the floor so that he would not fall. Would all the furniture have to remain in exactly the same spot so that he could navigate better? We tried to clear his path, but somehow other babies were always getting in the way and somehow toys were strewn across the floor. We knew that our floor was cushioned and that nothing had sharp corners, so we relaxed and watched. He learned to walk, learned to avoid hazards and was very proud of himself. Visitors watching him move around could not believe that he was totally blind. When he came to us, he was retarded beyond the expected level of a blind child—content to sit and do nothing. Now he is no longer retarded.

Play is essential

As I have already mentioned, we incorporate into each child's program techniques and methods proposed by physiotherapists. We also use planned programing on occasion. But we include such techniques as part of fun time, for we belive that play is essential to a young child. Play is the way a kitten, a puppy, a baby chimp, or a human baby gains mastery and avoids anxiety. Anxiety comes with pressure and standards to be met. Whether or not pressured learning has a value for the child of school age may be debated by others. For the infant and toddler, it is assuredly detrimental.

We devote much of our program to developing speech. Our speech therapist reinforces speech patterns; stimulates, sings to, and rocks the babies; plays games with them and delights them by whispering secrets into their ears. Sometimes she lies flat on her stomach in front of a long horizontal mirror and talks to them through the mirror. They watch her lips and try to imitate her. It was a great day when Harold stopped babbling and started to use jargon. We knew that soon he would be talking.

Serendipity has played a big role in our selection of toys and equipment. The mirror hung on the wall near the floor is an example. It was installed for the usual reasons: to promote individuation and to assist in the teaching of speech. The mirror delights the children. They pat themselves and kiss themselves

These developmentally handicapped infants are getting acquainted in front of a large wall mirror hung at toddler-eye level.

on it while they learn about themselves. The mirror has also proven to be a valuable method of communicating with disturbed children. A new face may be threatening to any young infant; eye contact may be even more threatening, especially to an autistic child. The mirror allows the child to gain visual distance from the teacher while she has the advantage of still being in close physical contact with him.

We consider the rocking chair a "must" in our activities. We have also found beach and swimming pool items useful. Our babies have fun exercising on a partially inflated balloon, about 2 feet in diameter. Tumble tubs, intended for swimming pools, work very well on a soft carpet—provided with a pillow, they serve as cradles in which an infant may be rocked. They are also round-bottom boats in which four may sit and socialize as they play rub-a-dub-dub. Or, as Larry, a 2-year-old microcephalic, has shown us, they can be a most challenging saucer in which an acrobat can stand and successfully maintain balance.

Rocking horses, kiddie cars, a set of shallow steps, a gentle slide, a sturdy walker, feeding tables, and cube-table-chairs are among the larger items we use. A good record player and a drum are other musts, because music and rhythm are meaningful to infants and toddlers. Then there are the many small items for the infants to feel, manipulate, mouth, rattle, ring, and build with. We select simple picture books. Toys are on open shelves, accessible to the infants.

We have a relaxed attitude about toilet training and we also help parents take a casual attitude. Modern disposable diapers and plastic bags have simplified the problems of sanitation and changes. When the child can sit with ease and can toddle, we introduce him to the potty chair, but we make no issue of it. We measure the success of this approach by what happens when the toddler graduates from the infant center and enters the nursery group. There he learns toilet training quickly and proudly.

Parents

We are as much concerned about the parents as about their infants. What do parents need? They need to know that they are important as people—not because they are Harold's or Tillie's parents. They need to be able to let their children go forth. They need to know that they are not their child's only resource, that others care and are willing to help. They need to lead normal lives.

In the beginning we planned a didactic program, with scheduled parent participation, parent observations, and group meetings centered about the infant's needs or the parents' own feelings. As we watched the parents and gained greater security in our philosophy—the need to lead normal lives—we have developed a different, less structured approach to the program for parents. We do hold scheduled evening meetings, however, so that fathers can attend.

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When an infant first enters the center, we ask the mother to stay with her child. She gradually moves from the playroom to the observation room with its one-way-vision mirror. When the infant feels secure in the center, the mother is free to leave his world for the morning. She may get her hair set, take a class (parents help one another arrange time), or play hookey in any way she likes. Of course, she may observe her infant whenever she wishes.

Friendships develop among parents. From concern about their own infants, they share concerns with other parents, and they delight in the progress of all the children.

The staff members are the catalysts for, not the organizers of, parent involvement. When the parents have special problems, the staff is always willing to find time for an informal conference. Often a mother will discuss a problem with me when I am in the observation room. Sometimes the informal conference will last only 5 minutes, sometimes an hour. If we realize that a parent is troubled, we initiate a discussion.

At Elic we serve as a resource by providing a learning situation. But we do not teach. When freed of anxieties, most parents do a good job in helping their handicapped child develop. Our greatest satisfaction is watching the lines of anxiety disappear from parents' faces, and the tight muscles in their necks and shoulders relax.

Soon, we hope, there will be other play centers for developmentally handicapped infants in Southern California. Consultants from three schools have been studying our program with the intention of establishing similar programs.

THIRTY YEARS of INNOVATION in FOSTER CARE

MYRA TIEDER

The heart of the problem of caring for children away from their own homes has always been the slowness with which knowledge has been accrued and then applied, and a lack of resources to implement the creative ideas of the people dedicated to serving such children. In presenting here a retrospective view of my own efforts in behalf of the child placed away from home—not by choice, but by failures somewhere in his own development, in his family, or in society itself—I will attempt to distill for the reader the elements that keep professional and paraprofessional people in this often heartbreaking work of foster care.

My entry into the field was at the beginning of the great depression of the 1930's. While the need for training then was as great as it is today, the orientation of new workers was almost nil in comparison with the inservice training and support now generally provided. I began as an untrained "volunteer" with minimum qualifications. One can only wonder how the present "innovative" programs using nonprofessionals in social services will be viewed in the future. To some, such programs may well look like as escape from rigid professional standards. To others, they may seem to be shortchanging the consumer by failing to give him the best help available because he cannot always pay for it.

My volunteer status lasted about 2 years, thanks to a tolerant—if hungry—family, the fortuitousness of nothing else showing up, and the never-lost sense of the rightness of this field for me.

Aftercare

Despite a lack of qualifications for my first job, my youth and vitality entitled me to full caseload. There were minimum safeguards for me and my clients, and supervision on a "how-to" basis only. I plunged into the situation with goodwill and the assurance that workers knew better than clients what their needs were and how to get them met. Helping the child to come home and stay home was the object of my efforts. This was known as aftercare.

I would say that there has been less change in aftercare than in any other aspect of work with children. The modifications in family life that were expected then were modest. The drive for reunion was as strong then as now, and the professional

views of the rightness of it—except in some rare instances—were realistic.

The fears then were that the child, after living better than his family socially and economically, might find the return home difficult. The children served by the agency were Jewish children of immigrant families, and the institutional care they received enriched them far beyond what most of their families could do for them. The Americanization process taking place in these children created vast differences between them and their parents. The niceties stressed in institutional living were not valued in the home.

The worker needed then, as now, the kind of perspective that could reach out to her divergent clientele. If she came to social work convinced that she knew the answers, the hardiness of these parents, who had faced dislocation, emigration, poverty, and family breakdown, soon taught her what schools of social work have since worked hard to demonstrate: the uniqueness of the individual and his strength, with help, for finding his own solution.

Did we learn any lessons in those days that have meaning for today? The fear of broadening the gulf between people—generational, cultural, and economic—is real today. Perhaps it must always be left with the consumers of our services to take only what is tolerable to them, rejecting what they find intolerable as a body rejects a foreign organ. Or perhaps, like the medical scientists, social workers can develop the skill to avert such rejection.

When I remember the children who, upon returning to their own homes after placement in foster homes, were able to live with a greater degree of comfort and gratification than they had previously, I can only feel that we must have been doing something right.

I think, for example, of a 10-year-old girl who was brought in for placement after having slept for months on the subways with her homeless and helpless parents. During a prolonged stay in an institution, this young client put so much pressure on the social worker to be returned to her family that the worker became the family's advocate, helping them obtain public assistance, an apartment, and furniture. The girl made it clear that she realized that in know-how and perhaps intellect, there would be a role reversal in her family—she would be the one to have to take responsibility for cleanliness, school attendance, health, and other needs.

While this girl's precocious assumption of adult responsibility might be cause for concern, one can only applaud her strength in knowing what she needed and in getting herself heard, and her recognition that there were values for her in her parents that she could now enjoy.

The factor of evolution in parent-child relationships is most assuredly one that social workers must learn to look at critically.

Family placement

At that point in time, the mid-1940's, my colleagues and I seemed very sure of the modus operandi. Our agency's policies recognized that it was important for the child to know about his status and that it was important for all concerned to acknowledge the role of the agency in the child's life. However, the "how" of these principles was seldom varied from child to child. Thus the social worker dealt with a child in a long term foster family in the same way she dealt with a child who remained in a foster family only a few weeks, ignoring the developing relationships with the foster parents. The leading actors in this real-life drama—the child and the foster parents—grew increasingly hostile to the social worker with the passage of time. The now accepted practice of adjusting the role of the social worker according to the needs of foster child and parent is a welcome and valid change.

This was a period when the mother was the be-all and end-all of the foster family, although somewhere in the home study the foster father had to be seen. Unfortunately, unless the man was a most unusual person in his determination to be counted, he was rarely consulted thereafter, except after a crisis arose. Today many agencies insist that the father be involved in foster care on a consistent basis.

Gradually a group of social workers to which I belonged began to develop our own theoretical concepts based on our experiences in foster family care. After much discussion, we pulled together our ideas by writing an article. It was almost rejected for publication because we suggested that for the young child,

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placement away from his family is an experience close to dying.

Knowing what we now know about a child's mourning when separated from his parents and his need to deny and bargain before he comes to terms with the inevitable, I still feel uncertain about how we can help children move from their own homes into foster placement.

I have watched a foreign-born foster mother, whose life has been burdened with many experiences of separation, use an intuitive approach to grieving children to allow them to practice denial of a need. She was for placating and covering up for a while, in contrast to the worker who stood firmly for helping the child face reality immediately.

I think we were full of such uncertain certainties out of our own need to deny. We cut the child off from his earlier relationships because he could not be "torn apart" or "live in two places." But, inconsistently, we established arbitrary rules about visits between parents and children. Moreover, although the value of the new foster home was attested by our agency's stamp of approval, we often attempted to impose our own cultural patterns on it rather than working within the differences.

It would be naive to feel that our ideas made any inroads in many of the foster families. Rather, I suspect, the mother in the home, being sure of herself, listened well and practiced what she would have preached if she had been less modest.

To illustrate: Once, when as a supervisor I found evidence of some authoritarianism in a worker's dealings with an experienced foster mother, I explained to the worker the need to take a more delicate approach. She followed my advice. On her next visit the foster mother, quickly sensing the change, wisely said, "This is much better. I hope your new supervisor didn't give you too much trouble."

In those days we began to differentiate foster homes by function—temporary or long-term—and perhaps this was the beginning of today's movement toward group homes, agency homes, specialized homes, emergency homes, and so forth. The differential use of a variety of resources will demand a continuing development of special skills.

Somewhat belatedly I would like to acknowledge the contribution of the foster mothers of the depression period. We searched out their motivations, especially suspecting economic need, for we did pay for care. One of the more courageous of my foster mothers was always protesting our board rate. I could not imagine why since she was receiving $25 a month—a higher allowance than most social agencies were paying for total care of a 10-year-old boy.

On a visit to her home during the foster child's lunch hour one February day, I was amazed to see him eating strawberries and cream. Noticing my raised eyebrows, Mrs. G quieted any impulse I might have had to comment by saying, "When my heart wants strawberries and cream in February, his stomach gets it."

Vicissitudes and rewards

One of the vicissitudes of being a woman placement worker is facing a view of your own life through the eyes of experienced foster parents. Without any knowledge of Erikson or even Shakespeare, such parents have developed a concept about the stages of development. Thus, although an unmarried worker is fortyish, she is still a girl—a person who has not developed strength through the battle of the sexes. After marriage, the worker's childlessness is the differentiating factor; how could she really *feel* without having conceived, carried, and borne a child? And after becoming a mother, she must weather the criticism of returning to work and leaving her child at home. Then the worker faces another paradox—the foster parents express the hope that someday her ship will come in and she will no longer have to work.

At the time I found these criticisms painful, so I failed to get the message. These people saw in their mothering role the fullest fruition for themselves, not to be compared with outside work, greater pay, and other temptations. Were we ever to develop an evaluative form to scan for such a quality, our current plight in inadequate foster home supply might be alleviated.

Despite the unwieldy size of our caseloads, the placement worker, then as now, had many happy experiences. I remember a letter written by a refugee child to her parents urging them not to worry about her. Here in the United States, she said, she had a social worker whose whole job was to worry about their daughter.

Our unsophisticated efforts to cope with a need in which there were not any tried and tested methods were as innovative in their day as are those in the current rash of new practices and programs. Perhaps we should recognize that changes in practices are most likely to succeed if they stem from necessity and from determination to serve the client effectively.

When I moved from foster family placement into

institutional work, I met with rigidities about practice that kept changes from coming at more than a turtle-like pace. During this period the use of foster homes was skimming off the "easy to place" child, leaving the institutions to deal with the exceptional (or disturbed) child. Because of the existence of institutional facilities, a decrease in caseload that would be welcomed in other aspects of social work represented a problem. Practices were more related to management than to treatment. Smooth operations were an end in and of themselves.

However, there was a built-in asset in the tremendous tolerance for children among staff members of diverse backgrounds and training. Also the exposure of child and parents to the problems of other children and parents presented therapeutic opportunities we were perhaps too slow to recognize. Even now there is a reluctance to use the incidences of daily living to therapeutic advantage, or to recognize that if we listen to children we can often learn truths that we would resist learning on our own.

A common change in voluntary institutions in the 1950's was a move toward racial integration as a result of the pressure of the times and conscience.

The children's capacity to accept difference was far in advance of that of the adults. For example, I remember one of the first black children served by my Jewish agency—John, on his bike, with his St. Christopher's medal shining in the sun—joyously bebopping words learned from the tapes of a nonreading friend's Bar Mitzvah preparation: "Beroke my toy adenoid" (Barukh Attah Adonai—Blessed art Thou, O Lord). Thus, John made a kind of mincemeat of stereotypes.

How agencies involved in change can utilize their clients' capacities in bringing about change is an area for further exploration.

The recognition of the paraprofessionals, the development of open-ended career ladders, the child-care worker's striving for professionalism—all of these movements have been both the bugaboo and the hope of child-caring institutions. We need to be even more innovative in providing job gratification to prevent the staff turnover so detrimental to children. Learning to screen applicants more effectively for child-care positions, providing promotional opportunities, using staff members in different ways, improving salaries, and providing greater status for persons in child-caring positions might be ways of attracting and retaining good people to work on the staffs of institutions for children.

The shared experiences in institutional living might be used more fully in developing the professional potential of the staff. The group method can also be employed in helping the children's parents. Parents have occasionally shown their readiness for this by protesting certain practices—regarding visiting allowances and the like—through group action. How much better if the staff had initiated the practice of working on such problems with the parents!

What now?

What is the value of such retrospection? It has strengthened my long-standing conviction that child welfare agencies have the capacity to work toward solution of problems and find answers to service needs, shortages of staff and finances notwithstanding. What is required is concentration on making services available in many different ways through creativity, inventiveness, and in some cases daring.

For example, take the shortage of foster parents. Are there different patterns of service that could be developed to make child care a more acceptable vocation? Or, what about preventing the separation of mothers and children in the first place? Could group residences be developed for unwed mothers and their children where efforts would be made to strengthen the mothers' ties to their babies? Or what about paying for services within families?

Ways must be found to husband all the strengths of family living through inundation with unique and stabilizing efforts before placement becomes necessary. Placement must be seen for what it is, a radical treatment method. Our clients have so often told us that if they had had certain kinds of help immediately at certain times in their crisis-filled lives, the family breakup might not have occurred.

In an urge to innovate, however, we can get so "hung up" on newness that we can fail to benefit from the trials and errors of the past. We must be careful to avoid creating new areas of difficulty. How do we correlate the new situations we are creating—for example, transracial adoptions and one-parent foster homes—with our knowledge of the developmental needs of children? We must be cautious about overselling our newest ideas and recognize that we do not have the answers. Perhaps what is needed is a "think tank" to work on the unsolved problems of child care in a changing, and often disorganizing, society.

To young social workers entering the field, I would say, yes—innovate, experiment, challenge the establishment. But do this with the foresight not available to many of your predecessors, lest you compound our errors.

OCCUPATIONAL THERAPY and SPECIAL EDUCATION

MARLYS MARIE MITCHELL

In recent years occupational therapists have quickened their move out from the familiar medical settings into educational facilities for physically or mentally handicapped children—long the domain of special educators. In many instances, such moves have resulted in a productive partnership of the two disciplines, each with its own techniques and specific objectives, but with the common goal of helping the child surmount his handicaps. Such an interdisciplinary partnership can only develop, however, if program planners have an appreciation of the potential of interdisciplinary teamwork and if the representative of each discipline has a clear understanding of the distinctiveness of his own and the other's role and of the way these roles can be dovetailed to strengthen the service to the child. Therefore, a review of the functions and relationships of these two professions seems pertinent at this time.

The role of the occupational therapist in work with handicapped children has been evolving over a number of years as the profession has grown and as the contribution it can make to the diagnosis and treatment of various kinds of handicaps has become recognized by members of other professions. In this evolution there has been a gradual broadening of the scope of interest from purely physical handicaps to a broad range of health problems [1,2], including, for example, problems with obscure or complicated causes, such as mental retardation and perceptual motor dysfunction. A recent study has shown that among the advanced degrees earned by occupational therapists many are in special education.[3]

Occupational therapists who work with the mentally retarded have recently formed a Mental Retardation Special Interest Group within the American Occupational Therapy Association.[4] This group aims to stimulate an interest in mental retardation among other occupational therapists, to coordinate services, to exchange information with national organizations concerned with mental retardation and to share the profession's special body of knowledge with other professions.

This increasing range of interest and activities is reflected in the definition of occupational therapy adopted in 1968 by the American Occupational Therapy Association: "Occupational therapy is the art and science of directing man's response to selected activity to promote and maintain health, to prevent disability, to evaluate behavior and to treat or train patients with physical or psychosocial dysfunction." [5]

Special education

Special education is concerned with the instruction of children who are exceptional in at least one of many ways—that is, children who are different from the hard-to-define "normal" child in one or more educationally significant areas.[6] That difference may be physical, mental, or emotional-social in character; that it *is* a difference may be determined by statistical, empirical evidence supplemented by subjective information. The significance of the difference depends on whether or not it is a weakness and if so, the degree of disability it causes the child in keeping up with his peers.

The goals and objectives of instructing exceptional children are similar to those of instructing normal children. Broadly, they are the development of civic responsibility, a capacity for human relationships,

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self-realization, and economic efficiency. More specific objectives taken together tend to emphasize occupational adequacy, social competence, and personal adequacy. The most immediate objective, however, is to develop the child's ability to process information, for without this skill learning cannot take place.

Whether one speaks of development of associational patterns, programing and task analysis, conditioning, interaction analysis, or any of a multitude of educational concepts, the basic aim of special education is to help the child or adult develop the skills, knowledge, and ability to function in, and, if possible, contribute to our society and become as self-sufficient as possible—in other words to overcome the deficiency that has made him different. And here is where the objectives and goals of occupational therapy and special education meet.

Parallel programs

Both professions are concerned with treating and training the handicapped person. Both attempt to evaluate behavior, whether it is muscular, social, or mental. Both are concerned with the physical, emotional, social, and mental aspects of a child or adult. Both are concerned with intellectual factors and their implications for behavior and social functioning. Their techniques differ, but their programs are parallel.

Occupational therapy is provided in psychiatric settings, facilities for physical habilitation, medical clinics, vocational or prevocational schools, and special classes and, for homebound children, in the child's home. Special education takes place in similar settings through classes for the emotionally disturbed or socially maladjusted, for the physically handicapped, for the hospitalized, for children in special schools or special classes in public schools, in prevocational programs, in sheltered workshops and in individual classes for the homebound. Despite some overlap, what results is mutually supporting complementary services rather than any real duplication of services. In the end the child or the patient—the raison d'etre of the program—benefits.

For example, in working with physically handicapped children, occupational therapists may build the splints or other adaptive equipment that enables the child to hold a pencil. Special education teachers are not usually taught to do this. Once the child can hold the pencil, special education teachers teach the child to write or multiply. Occupational therapists are not usually trained to do this. Thus the occupa-

tional therapist and the special education teacher work together to assure the successful use of the equipment and the successful education of the child.

An occupational therapist may evaluate the child's coordination and train him in perceptual-motor skills, fine motor skills, and visual perception, with the objective of developing physical coordination. The special education teacher may train the child in the identical skills, but with the objective of achieving an academic goal. The means may be the same but the immediate objective, and hence the interpretation, is different.

The occupational therapist may use toys to evaluate a toddler's physical skill,[7] perhaps noting the type of grasp the child employs. The special education teacher may use the same toys to obtain a measure of a specific cognitive skill, such as identification of shape or color. A child's performance on completion of a form board task can give the occupational therapist some information regarding gross coordination and at the same time give the special education teacher information regarding the child's ability to learn to discriminate a printed *b* from a printed *d*.

Occupational therapists are interested in the work skills and habits of their patients. Such characteristics as neatness, persistence, tolerance, ability to follow verbal and printed directions, and attitude are noted. Such information also interests the special education teacher. Independent evaluation of such skills and characteristics from the two different professional perspectives should lead to more accurate transmission of information to the professional persons involved in job placement. The student is the one who really profits from such cooperative endeavors.

Common attributes

While occupational therapy and special education are two distinct, yet complementary, professions, they have many attributes in common. Both professions require some kind of certification or registration to verify successful completion of a prescribed course of study. These courses consist of 4 to 5 years of instruction and on-the-job experience through clinical affiliation or student teaching under the supervision of professional persons on the job. The instructional programs of each profession provide opportunities for specialization. Some occupational therapists choose to treat patients in psychiatric settings; some special educators choose to teach emotionally disturbed children. Some occupational therapists choose to work with physically or mentally handicapped children as do some special teachers.

Another common attribute of the two professions is that both draw their treatment populations from persons victimized by society or nature. That is, the etiology of the handicap is imposed by the dominant culture or by genetics. Society's definition imposes the boundaries of "retardation" as opposed to "normality". Nature, that is genetics, may create the handicapping condition. But there are no socioeconomic boundaries among the clients of either profession. A cerebrovascular accident may impede the development of the rich or the poor, the gifted or the retarded. Mental retardation may occur in the family of a college president or a laborer.

There is a tendency now in special education to aim toward preparing teachers who are generalists in the broad field rather than specialists in any one aspect of it; that is, to design instructional programs to develop teachers with the skills, abilities, and information necessary for teaching in *any* special class. Occupational therapy does this in its preparatory programs.

Workers in both professions profit from the assistance of subprofessional aides. Each profession has already established some training programs for aides and more such programs are being planned. Some of these inservice training programs are carried on in conjunction with colleges and universities; others are inservice based. I have been working under university auspices in an experimental program with six persons who have not had any college education to prepare them to function as special instructional personnel—not teachers, but more than aides—under professional supervision. An increasing corps of such subprofessionals must be trained to help meet the needs of the Nation's handicapped children.

Occupational therapists today are giving increasing attention to perceptual-motor functions or dysfunctions in relation to children's behavior, their relationships with others, and their academic achievement. Therapists administer perceptual tests of various types as well as tests of muscle function and motor coordination. Special education is also putting increased emphasis on perceptual-motor skills, but in relation to ability to achieve in reading, writing, arithmetic, and other subjects. Most students in special education today receive instruction and experience in the administration of a variety of tests, including perceptual tests.

Many special educators today are questioning the value of segregating handicapped children in special classes and are suggesting in their stead the use of resource rooms and itinerant teachers. The noncategorical generalist may replace the categorical specialist—that is, the same teacher may be assigned to the blind, the deaf, the mentally retarded, or the child with a perceptual-motor dysfunction. Moreover, the advent of programed instruction may make teaching more of a science than an art. While the anxiety created by change may be a bit uncomfortable, a little anxiety can stimulate productive thinking and renewed effort.

Working relationships

Such similar goals and objectives, parallel programs, and merging functions necessitate a complementary working relationship between members of the two professions. Both use the same or similar material, albeit for different purposes. Throwing a bean bag into the clown's mouth may be used to release tension, to evaluate perceptual-motor skills, or to teach the concept of counting from one to five. Certain tests of visual perception may be administered

by either a qualified therapist or by a qualified special educator. The results may be used by both—but with different interpretations for different purposes.

When representatives of the two disciplines are working with the same child, planning the child's schedule is appropriately a joint endeavor. If the child has more than one handicap, they must consider the question of which disability is most important to attack—a judgment made on the basis either of severity or amenability to treatment. For example, if a child has both a physical and mental handicap but his mental retardation is the greater handicap, he is placed in a class for the mentally retarded. However, if his physical disability is a more severe handicap than his retardation, he is placed in a class with children having the same type of physical handicap. The same principle applies to scheduling academic and treatment programs—for children in whom the physical disability is the more severe handicap or the more amenable to treatment, occupational therapy takes priority, but if mental retardation is the crucial problem, special education may come first. Obviously, scheduling will not be the same for all patients or pupils in the same setting.

In my experience in a developmental evaluation clinic, the occupational therapist administered tests of visual perception, and the special education teacher gave the children classroom tasks to develop perceptual-motor accuracy and coordination while learning cognitive concepts—such as stringing beads to learn to count. The therapist prescribed the techniques to help the child carry out the assigned task—how to hold the bead and get it on the string. Both the therapist and the teacher employed reinforcement techniques—training or otherwise rewarding success—to change the child's behavior.

For different children, the division of tasks between the two disciplines might be quite different. How tasks are divided is determined by an evaluation of how a goal can best be achieved. Occasionally the occupational therapist and special educator perform identical tasks. However, when each uses her strongest skills in a working relationship, better service is provided the child.

One possibility for further improvement of the partnership might be a professional exchange in training or instructional programs. Occupational therapists who wish to work in schools might spend part of their clinical practice in a special education class. Special education teachers who wish to work with physically handicapped children might spend a portion of their field work in an occupational therapy clinic. Students in either professional program interested in working with emotionally disturbed children or adults might be given opportunities to learn each other's techniques and frames of reference. Certainly the ultimate beneficiary of broadening the scope of knowledge and skill of both types of practitioner is the handicapped child.

About research

Research is an important aspect of both professions. Both are concerned with scientific inquiry—identification of problems, data gathering, formulation and testing of hypotheses, and the drawing of conclusions. Sampling problems, necessitating caution in making generalizations, are inherent in much of the present research in both professions. Such research, however, need not be limited to college and university settings, nor need it always involve intricate statistical calculations.

Statistical analysis is helpful, but the case study approach is also worthwhile. Based on in-depth description, a case study makes no attempt to compare individuals or specific traits among individuals. Comparisons are intra-individual rather than inter-individual.

Researchers in occupational therapy have tended to use the case study approach more frequently than statistical analysis but the reverse is true of the research workers in special education. No matter which method is used, however, research conducted by a team consisting of an occupational therapist and a special educator might be especially productive.

None of these joint endeavors is possible, and all the efforts between representatives of the two professions to build up a salutary relationship will come to naught, without the cooperation and leadership of the administrators, the directors, and the supervisors of programs. Such people hold the key to a creative working partnership between the two professions.

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NEW DIMENSIONS in STAFF DEVELOPMENT in a JUVENILE CORRECTIONAL SYSTEM

WALTER J. GRENIER

Counselors, youth supervisors, and other employees in the Juvenile Division of the Illinois Department of Corrections are participating in the decisionmaking process on matters directly affecting the young people in their care. Through a comprehensive staff development program, these employees are learning to use management techniques of training, participation, and three-way communication to increase their competency.

In August 1969, the newly appointed administrators of the Illinois Youth Commission (now the Juvenile Division, Department of Corrections), identified staff development as a major priority and asked that it be initiated at once. Although there have been problems in implementing the program, staff development is now beginning to bring changes in the Illinois juvenile correctional system.

Inservice training, had, of course, previously been offered to employees, but it had been isolated from the Youth Commission's administration and so did not present the organization's philosophy and practices. Such training was often irrelevant, didactic, and scheduled irregularly. The instructors who came from universities and "outside" agencies seldom asked what the administrators of the correctional institutions were attempting to do, how they were going about their jobs, how they wished to be helped, or what their staffs needed to learn. Moreover, training was not geared to the levels of the variety of correctional workers who received it. But it seemed to matter very little to anyone that such programs showed questionable results.

The movement from classical managerial style to one compatable with treatment was accelerated through an Illinois Law Enforcement grant that provided monies to the Department of Corrections for holding American Management training workshops in the Juvenile Division. Starting with the chief executive and following levels of administrators, more than 50 executives were given inhouse instruction in the fundamentals of management as practiced by modern industrial and governmental organizations.

The introduction of the expanded dimension of comprehensive staff development in the Illinois juvenile correctional system met with understandable resistance. In many institutions and offices the superintendents, department heads, and supervisors had long been accustomed to disregarding the ideas, skills, and experience of their staff. Their beliefs in hierarchical structures, coercion, one-way communication, close supervision, and other classical managerial practices collided with the staff development concepts of employee participation in the decisionmaking process, freedom from close supervision, open channels of communication, and consideration of employees' motivation and desire to learn.

From the failures of past efforts, the emphases for employee training programs could be pinpointed: process rather than one-shot efforts, the experiential rather than the didactic, harmonious administrative philosophy rather than authoritarian practices, and clearly stated goals rather than abstract principles. Furthermore, earlier programs showed that training needs to be supported by all levels of management and consistent with other parts of the system.

Fostering understanding

Staff development is a process designed to assist management in attaining organizational goals by helping employees function consistently through understanding their interdependent and interrelated roles. Training is legitimately concerned with all the elements that affect an employee's understanding, including his attitude toward his occupation. To be effective, staff development must provide comprehensive continuous training at the level where the employee is and an opportunity for the employee to participate in the organization and to be aware of his influence on it.

In efforts to bring employees to a higher point of development, the persons who plan staff development programs cannot ignore or circumvent conflicts between "new" processes and deeply entrenched beliefs of supervisors, clothed in authority. No upward movement by employees is likely to occur without the

enthusiastic endorsement of the supervisor, who—quite correctly—can hardly be expected to support processes contradictory to his own beliefs and experiences.

Thus, the planners who contemplate programs that would be more than window dressing—programs seriously proposing to move employees to a higher level of productivity—have to recognize that their performance is inextricably involved in and dependent upon management practices. So closely integrated are the concepts of staff development and management that it is difficult to differentiate the two: one may say that good management is good staff development.

It is unrealistic to expect results from a training program that promotes beliefs and practices alien to those of management—no matter how desirable other professional workers consider such beliefs and practices. Staff development properly has no identity except that of the organization's management; it is a supplement or extension of management and exists only to support the objectives of the administrators. It is incumbent on the administrators, therefore, to state explicitly the organization's program, its philosophy, and the practices necessary to achieve its goals. The staff development planners can then help carry out the design by assisting employees to understand management's objectives in relation to the employees' values and goals.

"People-changing processes" used in staff development programs need to be carefully structured for consistency. There can be little doubt that some management practices work effectively against staff development programs.

For example, conflict is almost inevitable when supervisors continue to advocate classical management practices and employees begin to adopt practices they have learned in training programs. Employees are often quick to accept sophisticated approaches to the treatment of young people in correctional institutions—such as methods of offering juvenile wards limited participation in the decision-making processes. The correctional unit becomes an arena of conflict as fundamental differences in theory divide the supervisors from the employees: autocracy vs. democracy, direct orders vs. two-way communication, red tape and official channels vs. an open structure that permits staff participation, and close supervision vs. trust.

Happily, there has been a convergence of thought between the field of management and that of correctional treatment within the last few years. Research has provided both fields with a much needed common basis for interaction. Studies have revealed that many classical management practices actually work against high production. For example, an employee works more effectively when he is given responsibility, trust, and a feeling that he is involved in decisionmaking than when he is manipulated, coerced, and closely supervised.

Management patterns

Rensis Likert, director of the Institute for Social Research at the University of Michigan, has pointed out how patterns of management are changing:

"The ability to exercise influence in an organization (how the employee feels he is able to influence the decisionmaking process—participative management) depends in part upon the effectiveness of its communication processes. It is not surprising, consequently, to find that influence shows a relationship to performance comparable with that shown by communication." [1]

In describing the need for democratic principles, Warren Bennis, provost of State University of New York, has stated: "Democracy becomes a functional necessity whenever a social system is competing for survival under conditions of chronic change." [2] He has listed three dimensions of change in American industry:

1. Full and free communication, regardless of rank and power.

2. A reliance on consensus, rather than on the more customary forms of coercion or compromise, to manage conflict.

3. The idea that influence is based on technical competence and knowledge rather than on the vagaries of personal whims or prerogatives of power.

Interestingly, these management principles mesh with behavioral research by Piaget on learning; Fiedler on relationship; Patterson, Rogers, Berenson and Carkhuff, Truax, and a host of others on human behavior. These investigators seem to agree that:

- Meaningful relationships between people are a prerequisite to growth, to development.

- People learn and become involved as they explore situations that are at their level of understanding and in which they can exert their influence.

• Meaningful communication can be promoted through safe, democratically structured meetings that are up and down and sideways, in groups that are small enough to allow interaction.

Consequently, management needs to guarantee each employee a voice in his activities, to help him become fully informed, to offer experiences and education that foster personal and job development in agreement with the organization's philosophy. Then, the employee, as a responsible person, is able to move in constructive ways. His values and attitudes, which have developed from the integration of his life's experience, determine how he acts in a particular situation.

Criteria

The Juvenile Division began its statewide staff development with a coordinated effort to involve all its employees in the formulation of a program statement—a blueprint to direct the more than 2,000 employees to work in a consistent, harmonious manner. Under the guidance of the newly established Office of Staff Development, an interconnected system of committees was set up in September 1969. Committee members represented employees from all levels and functions of the division's 21 program areas. These committees considered the following points in preparing their statement:

1. ***Identification of an organizational goal.*** When employees began working together to achieve a common purpose, they discovered that they held differing points of view regarding the juvenile correctional system. The widely held assumption that correctional employees pull together because they share common knowledge and common convictions was proven incorrect. Variations between employees' social, educational, and intellectual backgrounds were found to affect perceptions of their roles within the organization.

Obviously, the first task for management and staff development was to establish some degree of understanding of what holds employees together as an organization. There was a need to state the organizational goal in the clearest possible terms; such a statement could explain the reason for each person's employment within the organization. In identifying the goal, the committees worked out intermediate objectives, or subgoals. The committee members then decided means and alternative means for reaching specified objectives, and looked at such factors as timetable, personnel and facilities required, capital and operating costs, standards, administration, and how to obtain accurate feedback that would help identify and modify deviations from the course established to reach the goal.

Administrators and staff development specialists promoted learning processes to help employees become more consistent in their behavior. As the employees began to benefit from staff development through increased understanding of the division's goal, they also began to recognize their own interdependency on and interrelationship with others in the organization.

2. ***Communication.*** The mortar that holds an organization together is communication: the more frequent and the clearer the communication, the better the possibility of the organization's attaining its goal. Unfortunately, many obstacles hamper effective communication, including:

• One-way communication. Many administrative messages have been understood only by the sender. In the absence of feedback, the administrator has been unaware of the misunderstandings, inaction, and other complex consequences of his message. Furthermore, some organizations have stifled employees' responses to management's communications. In recent years, an increasing number of administrators have encouraged messages to flow up to, as well as down from, management and to move laterally between employees doing similar work.

• Infallibility. Few supervisors willingly permit employees to question their judgments. The supervisors, in some mysterious way, are supposed to be endowed with extraordinary powers that enable them to function infallibly.

• Hearing. Listening habits are affected by the ways employees see themselves and other people; by their defenses, emotions, and biases; and by other distorting elements. Thus, many employees hear only a small part of what is orally communicated to them.

• Lack of opportunity for staff participation. Many units of the correctional system have not made

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adequate provision for staff members at all levels to engage in communication regarding their activities. Regularly scheduled staff meetings are one form of such communication often overlooked by supervisors in calculating staffing patterns and budgets. From a management viewpoint, staff meetings are an integral part of a correctional unit's operation.

- Broad subject matter. The range of problems prompted by the behavior of young people in a correctional institution raises an infinite number of issues. Employees tend to get lost in here and now problems unless they are given a clear frame of reference for resolving problems in a meaningful and consistent manner.

For example, a boy entering a correctional institution as a ward of the State wanted to keep his long hair. The supervisor focused the staff discussion of this problem on the Juvenile Division's program objectives. How would long hair affect the boy's adjustment to the institution? How would it affect the other wards? If the new ward was permitted long hair, should other wards also be permitted to let their hair grow? The matter was resolved, not on the caprice of the supervisor's personal value system, but as a result of a relevant staff discussion that determined medium-long hair did not interfere with the treatment program.

When discussions are channeled into an organized format, staff members can thoroughly explore the subject. To do this, however, a supervisor or staff development specialist must first make a complete examination of the program, and then match the immediate problem with the program framework.

A system approach, or system thinking, involves a step-by-step determination of goals, objectives, means to reach goals, alternatives, constraints, and implementation. In correctional systems, it can help employees become aware of their program's full potential. When employees have learned to apply system thinking, they can begin to examine their routine problems effectively.

3. ***Participative management (employee influence).*** Today many administrators are aware of employees' apparent need to know that they are recognized members of the organization and that they exert influence. Programs of participative management include open communication and feedback of employee ideas to administrators as well as supervisors. Logically, supervisors encourage as many employees as possible to participate in defining organizational goals, objectives, and means, in staff meetings, and in decision-making processes. As employees work toward a consensus on goals, they gain a clearer awareness of their influence and a sense that the organization is theirs to support and defend.

A valuable byproduct of employee participation in the definition of program goals is that staff members learn more about their own jobs through hearing the debate of issues and principles that affect the entire organization. Any group of employees that attempts to define its organization's purposes soon finds that the discussions offer learning experiences unavailable in more formal educational programs.

Management theory and practice should approximate the values of our present day cultural beliefs. Democracy, self-direction, equality, and openness to new ideas are essential constructs for a modern correctional program.

Program statement

The Juvenile Division developed the following program statement: "The purpose of the Juvenile Division is to prevent and correct delinquent behavior by stimulating and implementing programs for youth designed to develop their knowledge, skills, and emotional and physical well-being."

The Juvenile Division has further recognized its own responsibility in offering a broad range of social, educational, vocational, religious, recreational, and health services to the youngsters under its jurisdiction. Such programs are being designed to provide a continuum from the home to the institution and back to the community so that wherever practicable children are helped in their own families, or at least in a community setting. When a child needs the protection of an institution, the division seeks to provide him with necessary services in a milieu in which his individual needs may be met.

In support of the goal, a Juvenile Division administrator has written:

"Just as the dignity and worth of every individual is basic to our democracy, so is the dignity and worth of each youth basic to the concepts and objectives of this program. This is emphasized by providing opportunities to each youth to develop self-discipline and a sense of moral responsibility as an individual, as a member of a group, and a citizen of a democratic society.

"Each youth needs help in maturing toward the point where he can evaluate his own capabilities and behavior, accept responsibility for the latter, and enjoy the satisfaction of respect from others as well

as his own self-respect. To this end we must involve youth in defining their problems, in developing programs, and in the operation and the assessment of programs."

To reach the division's goal, the following objectives have been adopted:

1. The Juvenile Division will assist communities in identifying factors which contribute to delinquency; assist communities in establishing a broad range of community-based services for children, including medical, recreational, and social services; and serve in an advisory role for promoting legislation.

2. The Juvenile Division will—through professional consultants, various related organizations, and subsidies—develop and maintain effective liaison and close working relationships with the court services; mutually seek appropriate dispositions; assist in upgrading standards and practices; and help interpret court functions and responsibilities.

3. The Juvenile Division will provide residential treatment services to meet the physical, social, educational, vocational, and emotional needs of the youth committed for care.

4. The Juvenile Division will review and evaluate all services to provide management with a means to continuously update in accordance with the changing needs of youth.

5. The Juvenile Division will provide aftercare services which represent a continuation from residential treatment to successful adjustment in the community.

6. The Juvenile Division will promote a program designed to sensitize the public to their role in the support and implementation of services for youth.

7. The Juvenile Division will effect employment and staff development practices which assure that every employee realizes and achieves his full potential to contribute to the attainment of program goals and experiences the satisfaction of being a successful and helping person.

After analyzing the individual statements of goals and objectives of employee committees in the juvenile and other divisions of the Illinois Department of Corrections, State Director Peter B. Bensinger and his administrative staff developed an official statement that identified the organizational goal and objectives. According to the statement, the department's goal is "to serve society by (1) making available to each person within its areas of responsibility, all resources which will enable him to achieve human dignity and the capacity of leading a self-sufficient, law-abiding life, and (2) promoting an effective, efficient, and fair system of justice."

Application

Through broadly based, interconnected committees functioning in each of the Juvenile Division's 21 major program areas, a concerted effort is being made to establish staff development programs that fit employees' needs. These programs are providing the division with, among other things:

- Employees who are fully aware of organizational goals and objectives.
- Improved communication between administrators, supervisors, and employees.
- Recognition by supervisors and employees of the influence that each employee exercises within the program.
- Employees at all levels who are given responsibility, trust, and an opportunity to participate in decisionmaking in areas that affect them and their wards.
- Knowledge of a system approach to problem-solving.
- Growth-promoting relationships within the framework of properly structured meetings of employees.

The achievement of consistency vertically between employees, supervisors, and administrators and laterally between one employee and another is a primary goal of staff development. One measure of the effectiveness of staff development is the degree of variance or agreement that staff members establish between themselves and their administrators.

Although it is too early to measure the success of the Juvenile Division's efforts, the soundly conceived process of staff development is beginning to help workers to behave congruently with their stated purpose—consistency. And resting within the employees of the Juvenile Division is a nearly inexhaustible source of experience, ability, and integrity that can be channeled to develop an outstanding juvenile correctional system for Illinois.

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[1] Likert, Rensis: New patterns of management. McGraw-Hill, New York, N.Y. 1961.

[2] Bennis, Warren: Changing organizations. McGraw-Hill, New York, N.Y. 1966.

an essay review . . .

THE LIFE AND WORKS

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In "Erik H. Erikson: The Growth of His Work," * Robert Coles indicates that he is attempting to write ". . . an intellectual biography of sorts." This history of Erikson's intellectual and scientific growth is impressive and informative, but not as impressive or informative as Erikson's original works.

Coles says in the preface, ". . . I have tried to look at the psychoanalytic and historical research and the ethical reflections of a clinician and professor I know and admire. I have hoped to give the reader in this one book a sense of what is found in five other books and in dozens of articles, monographs and essays. I have less thoroughly . . . indicated something about the social and cultural history of psychoanalysis. God knows, a thorough intellectual history of the psychoanalytic movement needs to be done—by a historian free enough to be both sympathetic and critical."

As one can see from this introduction, the reader will have to be a person who enjoys Coles as well as one who is seeking the meaning and continuity of Erikson's splendid contributions to accept and absorb what this book offers.

Erikson, in the foreword to his most famous book, "Childhood and Society," [1] states, "I came to psychology from art, which may explain, if not justify, the fact that at times the reader will find me painting contexts and backgrounds where he would rather have me point to facts and concepts. I have had to make a virtue out of a constitutional necessity by basing what I have to say on representative description rather than on theoretical argument."

Here is one of the clues to why Coles' book was written and what it signifies, as well as why it has serious limitations. Erikson has steadily forged a chain of concepts about human development, an accomplishment that has required extraordinary versatility and the single-minded concentration of an artist. As an artist and scientist he has synthesized in his works the psychoanalytic studies of children and youth, anthropological observations, studies of several great leaders, and what he has learned from more than 40 years of gifted teaching of an unusually wide range of students. Robert Coles, himself a gifted writer and observer of children and their world, has been one of those fortunate students.

A sensitive profile

Inspired by and grateful to Erikson, Coles has made a valiant attempt to record for enlightened lay readers, as well as for professionals, an interweaving of Erikson's personal and professional development in relation to Erikson's major written works. The most effective part of Coles' presentation is the profile of Erikson as a young artist, as a psychoanalyst with a special interest in children, as a teacher of children, as an investigator of child life, and as a scholar searching for the critical connections between the child and adult, between man and his facilitating environment, between man and his historical realities.

It is in the sensitive apposition of Erikson's own life's experiences to his professional development that the book is most touching. Erikson's earlier life in Germany, his professional development in Vienna, the building of his own family with the warm and creative Mrs. Erikson are modestly etched in without invading the Erikson family's privacy.

Such biographical content gives us a basis for understanding, in a limited but important way, the complexity and loyalty, the creativity and steadiness of Erikson as a pioneer and leading scholar of human development. We see Erikson the explorer wandering purposefully as he attempts to develop more adequate explanations of how man is formed by his experiential world as well as how man shapes his world and the world of others.

Erikson's explorations have rarely yielded to the temptation to simplify. With his scientific and clinical acumen, and with his extraordinary capacity to synthesize—to paint contexts—he has been able to tolerate and work with the increasing complexity of variables as they have turned up in his clinical, anthropological, and scholarly explorations. While his published papers and books have a striking similarity to preliminary sketches, they are the water colors and oils of a productive artist who is never satisfied. He refocuses his old views while developing new ideas and new perspectives, adding to his methods whatever techniques or tools are necessary to critically examine and creatively express the relationship of man to his human, social, technological, and historical world.

Erikson on Erikson

In his penetrating article, "Autobiographic Notes on the Identity Crisis," [2] Erikson says this about the concept of identity: "It is a *sense* of personal continuity and sameness, but it is also a *quality* of unselfconscious living, as can be so gloriously obvious in a young person who has found himself as he has found his communality." He adds, "It reaches both into the *past* and toward the *future*: It is grounded in the stages of childhood and will depend for its preservation and renewal on each subsequent stage of life. The 'socio' part of identity, on the other hand, must be accounted for in that communality within which an individual must find himself. No ego is an island to itself."

In the same article, Erikson says: "My own training psychoanalysis was conducted by Anna Freud, who accepted

*ERIK H. ERIKSON: THE GROWTH OF HIS WORK. Robert Coles. Little, Brown and Company, Boston, Mass. 1970. 440 pp. $10.

OF ERIK ERIKSON

me as a fellowship candidate, and this on the basis of the fact that she and her friends had approvingly witnessed my work with children both as a private tutor and as a teacher in a small private school. Anna Freud had founded the Vienna version of the subspeciality of child analysis, and I too, was to be primarily trained as a psychoanalyst of children. . . ."

He goes on, "The reader will appreciate the complex feelings aroused by the fact that my psychoanalyst was the daughter of the then already mythical founder [of psychoanalysis] . . . . While such a preparation is of the essence in this kind of work, and while this essence can up to a point be comprehended in a systematic and disciplined way, it stands to reason that the generational succession of teachers, so important in all fields, will remain a special burden in the life of any maturing and even of the trained psychoanalyst—a burden reaching well into the conceptualizations he may later feel called upon to confirm or to disavow. Even the most venerable training psychoanalyst is (and must be) both welcomed as a liberating agent and resisted as a potential indoctrinator, and thus be both accepted and rejected as an identity model: for in all pursuits which attempt to gain a rational foothold in man's pervasive irrationality, insights retain an unconscious involvement which can only be clarified by lifelong maturation. At the same time, however, only the systematic clinical acquaintance with the unconscious can convey a certain ceaseless surprise over the creative order that governs affects never faced before and a certain sense of liberated sanity just because of the chaos faced. This is probably hard to comprehend except through the experience itself; and yet some of it must be visible in the impact of psychoanalysis on other fields and the augmented access it has provided to a wealth of data previously not visualized or not seen in their relation to each other."

In a summarizing paragraph, Erikson explains the purpose of this review of his work thus far. ". . . I have recapitulated my conceptual ancestry insofar as it originates in psychoanalysis, in order to indicate that psychoanalysis represents a very special admixture of 'laboratory' conditions, methodological climate, and personal and ideological involvement. Other fields may claim to be governed by radically different admixtures and certainly by much less subjective kinds of evidence. But I wonder whether they could insist, at any time, on a total absence of any one of the ingredients described here."

In this overview Erikson has clearly outlined what he terms ". . . significant theoretical differences between the classical psychoanalytic outlook and newer perspectives such as my own" under the following categories: (1) *Superego and Identity;* (2) *Clinical and Actual Reality;* (3) *The Inner and the Outer World;* and (4) *The Ego and the I.*

Erik H. Erikson

Some reservations

I have quoted Erikson at some length in order to demonstrate that there is no substitute for the "master." Robert Coles acknowledges this by using many direct quotations from Erikson's writings. However, a limitation of Coles' book is that its efforts to summarize, translate, and synthesize Erikson's contributions and point of view cannot compare favorably with the "original," the authentic Erikson works, which are available to the same people to whom this book is addressed.

The reason Coles' book almost succeeds and will be valued by many who read it lies in Coles' own career and works. He, too, is an explorer, a literary person, and an important humanist of our times.

My main reservations are that Coles continuously reveals a personal attitude toward psychoanalysis that is not appropriate in a book devoted to the growth of Erikson's work. Repeatedly, Coles praises Freud and Erikson, and then almost as a reflex, comments on his disappointment in certain analysts or in certain aspects of psychoanalytic practice. Robert Coles is also searching for an understanding of the individual and the world that shapes him and the crucial ways in which the individual is shaped by his microcosm and the macrocosm.

Nevertheless, Coles is a man to be admired and understood as he tries to utilize clinical understanding, literary competence, and a sense of social history and injustice to put our best knowledge to work in the service of children, the poor, and all the anonymous persons in need of care and justice. Perhaps, this is why he has a tendency to see social phenomena and man's cruelty to man in the context of heroes and villains.

As an essayist who has commented widely on the current social scene, Coles has provided us with an interesting and timely profile of Erikson and his work.

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[1] Erikson, Erik H.: Childhood and Society. W. W. Norton and Company, Inc., New York, N.Y. 1950.

[2] ———: "Autobiographic Notes on the Identity Crisis." *Daedalus,* Fall 1970.

Quotes From the 1970 White House Conference on Children

To a child, his body and what he can do with it *is* his identity. Most of his activities—play, artwork, dance, "self-expression"—depend on physical motion and aid his development of confident, skilled muscular movement and control. pp. 44–45.

The right to learn is the goal we seek for the 21st century. We want for our children a range of learning opportunities as broad as the unknown range of their talents. We want a learning environment that nurtures those talents. We want our children . . . to have freedom, and the order, justice, and peace that the preservation of their freedom demands. p. 75.

The creative child whom we wish to nurture is curious, wonders, and questions; seeks new experiences; is open to the world; independent and free from social and group pressures to conform at the cost of individuality; willing to risk error, play with ideas, and experiment; willing to change and live with change. p. 97.

Our nation has achieved almost universal school attendance. We must turn our attention to quality in education by focusing more on the one school child out of four who suffers serious reading difficulties. p. 105.

Let us move toward a multifaceted educational system incorporating what we know of human diversity, with mechanisms for choice and change. p. 132.

Our need, then, is to provide *all* health services to *all* children and to make sure that *each child uses* what is available and needed. p. 185.

All injuries should be viewed as symptoms of environmental deficiencies to be corrected by the adult community. p. 214.

The gap between the options for self-fulfillment we want for children and those they presently receive must be drastically reduced. Recognizing and accepting basic changes in our values and goals is a beginning step. . . . Our people and our systems which provide educational and other human services must revise programs, policies, and practices to reflect the differing achievements, contributions, needs, and aspirations of all the groups that make up our society. p. 227.

We like to think of America as a child-centered society, but our actions belie our words. A hard look at our institutions and way of life reveals that our national priorities lie elsewhere. . . . *children and families all too often come last.* p. 241.

Few actions of the next decade will be more crucial for the welfare of America's children (and the world's children) that what we do about two of the most basic determinants of the quality of life of our children and their family: *distribution of income* among families by our society and *size* of both our families and our society. p. 259.

Children have a right to grow up in a society which stresses moral and ethical values, which teaches the concepts of love of fellow man, which respects the right of individual religious beliefs, which develops the child's personality to include the virtues of honesty, integrity, good character, fairness, compassion, and understanding in all human relations. p. 304.

. . . public policies and programs and our actions as individuals shape a world in many ways inhospitable, indeed often hostile, to the life of children and their full creative growth. p. 307.

Current products of mass media reflect insufficient empathy for the inner needs of children and for the needs of their parents. p. 326.

. . . It is imperative that a national commitment be directed to develop a leisure which permits every child to sample and explore a variety of beneficial experiences. p. 335.

Our consideration of children's rights is based on a knowledge of their developmental needs and characteristics. . . . Public policy and action—Federal, state, and local—must rest upon this knowledge if it is to provide our children the opportunities for healthy growth, internal well-being, and fulfillment. pp. 345–346.

Neglect of children in trouble and in need produces misfits, drifters, welfare cases, delinquents, and criminals. The result is . . . a tragic squandering of human potential. p. 377.

"Report to the President: White House Conference on Children." 1971. 451 pp. For sale: $4.75. Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

BOOK NOTES

THE UNMARRIED FATHER: new helping approaches for unmarried young parents. Reuben Pannor, Fred Massarik, and Byron Evans. Springer Publishing Company, Inc., New York, N.Y. 1971. 196 pp. Cloth $6.25; paper $4.25.

This book reports on a 3-year study of the parents in 222 out-of-wedlock pregnancies, with a focus on the unmarried father. Conducted by the Vista Del Mar Child-Care Service in Los Angeles and the Jewish Federation with support from the Children's Bureau, the study includes 96 unmarried fathers who were involved in counseling by male social workers and the 222 unmarried mothers who received help.

The authors find that the unmarried father is "reachable" by a social agency if properly motivated; that the mother's decision about the future of the baby is not significantly affected by the involvement of the father, although having the father's support is of considerable psychological help to her; and that the father generally is willing to contribute financially when able to do so. A psychological profile of the unmarried father shows that he has not developed a strong identity. About half of the unmarried fathers in the study lived in homes where the fathers were absent or deceased.

ENCYCLOPEDIA OF SOCIAL WORK. Second edition. Robert Morris, editor-in-chief. National Association of Social Workers, 2 Park Avenue, New York, N.Y. 10016. 1971. 1,728 pp. in two volumes. $22.50.

This two-volume encyclopedia presents 180 articles relating to social work and social welfare philosophy and practice in the United States, 105 biographical sketches of persons who influenced the development of social work, and 52 statistical tables. Almost 200 persons contributed to the 1971 edition—social workers, educators, research workers, economists, psychiatrists, psychologists, historians, city planners, political scientists, statisticians, and a labor leader.

In the preface Robert Morris, editor-in-chief, explains that this edition seeks to "draw together in some understandable relationship the professional practices of social work, the social problems and welfare institutions of our day, and the realities of the wider social, political, economic, and physical environment."

Key subject areas covering broad aspects of social welfare are arranged alphabetically. Seven articles deal with child welfare: a general article, and child welfare as related to adoption and foster care, child-care workers, day care of children, institutions for children, preschool programs, and residential treatment homes. Nine articles are included under the entry "family." Among other key subjects: crime and delinquency, financing social welfare, health care system, housing, labor force, mental health and illness, profession of social work, poverty, public assistance, and youth service agencies. A comprehensive index is included.

HELPING UNMARRIED MOTHERS. Rose Bernstein. Association Press, New York, N.Y. 187 pp. $6.95.

This guide for persons who deal with unmarried mothers explores the psychological and social hazards of having a child out of wedlock and the factors that determine whether the woman receives the services she needs. If help is given promptly and unconditionally, the author suggests, more unmarried mothers will emerge from their experience "with a sense of growth and with hope for the future."

The author describes the methods of crisis intervention she developed as a social worker in a Boston maternity home—methods that emphasize major decisions to be faced and the unmarried mother's perception of herself in a maternal role. Special problems of the adolescent unmarried mother are presented. The author discusses how agencies respond to a pregnant woman's request for help; plans for the baby; the aftermath of nonmarital pregnancy for the mother who keeps her baby as well as for the mother who releases her baby for adoption; the mother's changing relationship with the unmarried father; and coordination of community resources to serve unmarried mothers.

THE CHILDREN OF KAUAI: a longitudinal study from the prenatal period to age ten. Emmy E. Werner, Jessie M. Bierman, and Fern E. French. University of Hawaii Press, Honolulu, Hawaii. 1971. 199 pp. $7.50.

This book describes a comprehensive study of the outcome of all known pregnancies on the island of Kauai in 1954, 1955, and 1956. A multidisciplinary team of pediatricians, psychologists, public health nurses, and other workers from the Universities of California and Hawaii directed by the authors identified 2,203 pregnancies that resulted in 1,963 live births. To determine the effect of birth trauma, environment, and ethnic and cultural differences on the maturing child, the team assessed the physical, cognitive, and social development of more than 1,000 children at the ages of 2 and 10.

The authors found that 90 percent of the fetal losses occurred in the very early weeks of pregnancy, that early environment played a crucial role in influencing child development—10 times as many children had problems arising from the effects of a poor environment as from the effects of serious perinatal stress, and almost one-third of the 10-year-olds need long-term remedial education or mental health services.

THE CHILD IN HIS FAMILY. Volume I, The International Yearbook for Child Psychiatry and Allied Disciplines. Edited by E. James Anthony and Cyrille Koupernik. John Wiley & Sons, Inc., New York, N.Y. 1970. 492 pp. $12.50.

The 22 papers in this volume describe variations in the structure and function of the family unit in many parts of the world as they affect the development of the child. The contributors—psychiatrists, psychoanalysts, psychologists, anthropologists, and other behavioral scientists—agree that the family is in the process of change but do not agree on whether the change is in the direction of improvement or eclipse.

HERE and THERE

Associate chief

Frederick Chapman Green, formerly a practicing pediatrician who for the past 5 years has been engaged in the planning and delivery of comprehensive medical care to children of low-income families in New York City, became associate chief of the Children's Bureau in the Office of Child Development in August.

In announcing the appointment, OCD Director Edward Zigler said one of Dr. Green's major responsibilities will be the National Center for Child Advocacy. The center will have three subdivisions: a Children's Concern Center that will channel Government response to questions and ideas about children from parents and citizens, a Secretariat that will draw together information about children and children's programs, and a Division for Vulnerable Children who "need advocacy 365 days a year."

Dr. Green was director of the child and youth project at the Roosevelt Hospital in New York City from 1967 to 1971, and at the same time served as the hospital's director of pediatric ambulatory care. His previous hospital staff appointments included New York Hospital; Syndenham Hospital, where he was director of the department of pediatrics; and Harlem Hospital, where he completed his internship and residency in pediatrics. He earned his M.D. degree from the University of Indiana School of Medicine in Indianapolis, and later took postgraduate work in pediatrics at Harvard University School of Medicine.

A fellow of the American Academy of Pediatrics, Dr. Green is also active in a number of other professional organizations, including the American Medical Association, the National Medical Association, and the American Public Health Association. Because of his experience in working with unmarried teenage mothers at Roosevelt Hospital, he has served as leader of several national conferences on parenthood in adolescence. Dr. Green is a consultant to HEW's maternal and child health research advisory group. He has written and lectured on many aspects of child health.

Dr. Green has also been a clinical associate professor of pediatrics at Cornell University School of Medicine and has taught at Harlem Hospital, Fordham Hospital, and Hunter College Schools of Nursing.

Dr. Green was born in Fort Wayne, Ind., and attended high school in Battle Creek, Mich., and Fort Wayne. He is married and has two children.

Home Start

The Office of Child Development is planning to launch an experimental home-based variation of Head Start during the fiscal year 1972. Under the program, to be called Home Start, paraprofessionals trained in child-development techniques and homemaking skills will assist low-income parents in providing developmental experiences for their preschool children.

Initially Home Start may serve as many as 3,000 children between birth and 5 years of age in about 15 programs operating out of existing Head Start centers. In addition to the paraprofessionals' work in the home with parents and chi'dren, the programs wi'l provide a variety of interrelated activities in Head Start centers emphasizing the development of the family's ability to provide continuing developmental experiences for the child. Every child in Home Start will receive the comprehensive medical, nutritional, and social services associated with Head Start and—as in Head Start—parents will be involved in planning, operating, and evaluating the program.

Day care

A national conference on day-care licensing will be sponsored by the Office of Child Development in San Antonio, Tex., October 27–29. Licensing specialists have been working as members of OCD task forces since early summer to develop national standards for zoning, fire safety, building construction, and other elements of day care subject to licensing. They will present their recommendations for nationwide licensing codes at the conference.

About 150 invited representatives of national day-care organizations and State and local agencies concerned with licensing are expected to attend. Follow-up regional conferences are planned.

Research grants

The Children's Bureau, Office of Child Development, has awarded 41 new grants totaling $3.5 million for research and development projects in the areas of child development and child welfare during the 1972 fiscal year. An additional 16 grants totaling $2 million were renewed for projects already underway.

These projects were selected from 104 applications, which were reviewed by a committee of specialists from outside the Office of Child Development. All programs are administered through the Research and Evaluation Division.

Awards totaling $824,717 have been made for Model Cities programs. These include a $100,000 contract between the Department of Health, Education, and Welfare and the Department of Housing and Urban Development for technical assistance through OCD's 4–C (Community Coordinated Child Care) programs to help plan and implement programs in day care and other aspects of early childhood development in Model Cities areas in 10 States.

The new projects include:

Day care

A program to provide model day care that focuses on close human relationships available for 3- and 4-year-old children. Reiss-Davis Child Study Center, Los Angeles. $67,146.

A demonstration project to introduce a cross-age helping relationship for teenagers and elementary school children in afterschool day care. National Commis-

sion on Resources for Youth, New York City. $33,250.

A project to recruit and use male workers in day care. Emory University, Atlanta. $39,965.

An infant satellite component to establish six infant day care homes. University of Hawaii, Honolulu, Hawaii. $71,501 (supported with Model Cities).

A project to determine whether a community corporation can operate a child care facility. National Urban League, New York City. $74,957.

Demonstration projects to design new methods of coordinating 4–C activities in Model Cities programs serving Bexar County, Tex.; Hidalgo County, Tex.; Athens-Clarke County, Ga.; and Winston-Salem, N.C. $136,154.

Health

A project dealing with special medical and counseling needs of teenagers in a center that involves other young people in delivery of services. Children's Health Center, Minneapolis. $72,460 (Model Cities).

Family development

Curriculum research in infant education. Yale University, New Haven, Conn. $129,828.

A study of cognitive development and mother-child interaction in a group of culturally deprived infants. The Johns Hopkins School of Medicine, Baltimore. $54,200.

A study of parent attitudes and developmental changes in children during enrollment at a children's physical developmental clinic. University of Maryland, College Park. $15,848.

A project to evaluate a family development center that provides services to infants and their teenage mothers who are continuing in high school. Family Service Agency of San Francisco. $268,739.

Programs on preparation for parenthood and early childhood development, including an infant center, in a laboratory school for teenage pregnant girls and mothers. Macon County Board of Education, Tuskeegee, Ala. $129,813 (Model Cities).

A project to develop and evaluate a family service center that acts as a family advocate and clearinghouse for service information and referral. Community Coordinated Child Care Agency, Juneau, Alaska. $60,361 (Model Cities).

A preparation for parenthood project, to demonstrate a comprehensive service program for pregnant teenage girls. Waco Independent School District, Tex. $59,225 (Model Cities).

Advocacy

A program to provide training in child development to mothers in the waiting rooms of pediatric clinics. Mount Sinai School of Medicine, New York City. $73,380.

A conference on planning for research in child development for the 1970's. University of North Carolina, Chapel Hill. $6,000 (with National Institute of Child Health and Human Development).

A comprehensive service program to involve youth in social decisionmaking processes, crime prevention, employment, advocacy, and other activities they select. Youth Service Agency, Rock Hill, S.C. $38,480 (Model Cities).

A pilot project to provide an afterschool recreational and remedial program for preadolescents. Youth Services Agency, Newark, N.J., $72,780 (Model Cities).

An exploratory survey of programs and activities that might be considered child advocacy systems. Columbia University School of Social Work, New York City. $97,646.

A conference on Youth in the 1970's to identify and analyze major issues related to youth and to develop policies and programs. University of Minnesota, Minneapolis. $5,225.

A data system for planning research related to children. George Washington University, Washington, D.C. $166,579.

Vulnerable children

A followup study of black children adopted by white families. Child Welfare League of America, New York City. $84,228.

A project to design and evaluate a program to teach adolescents how to assume responsible roles in caring for younger children. Education Development Center, Cambridge, Mass. $364,895 (with National Institute of Mental Health).

A project to assist in the establishment of a national foster parent association. Child Welfare League of America, New York City. $93,520.

A study of the utilization of subsidies to increase adoptions of black children. Illinois Department of Children and Family Services, Chicago. $129,277.

A project to develop and evaluate comprehensive 24-hour emergency services to neglected and dependent children. Davidson County Office, Tennessee Department of Public Welfare, Nashville. $218,363.

A project to serve children-in-crisis with 24-hour emergency social service. Children's Aid and Society for the Prevention of Cruelty to Children of Erie County, Buffalo, N.Y. $151,658.

A survey and evaluation of the use of community-oriented care by institutions for dependent and disturbed children. Georgia State Department of Family and Children Services, Atlanta. $125,660.

A project to test advocacy techniques in stimulating adoptions of black children. Black Child Development Institute, Inc., Washington, D.C. $70,470.

A project to develop and evaluate a Child Advocacy Center for the State of Connecticut to serve the needs of children from birth to 7 years of age. Connecticut Child Welfare Association, New Haven. $79,700.

A project to identify areas of knowledge and practice in child development that are under-utilized by institutions working with children. Human Interaction Research Institute, Los Angeles. $61,145.

A project to increase the effectiveness of ARENA, the Adoption Resource Exchange of North America, which is concerned with the interstate adoption of children. Child Welfare League of America, New York City. $29,197.

Miscellaneous

A reanalysis of research related to the roles of race and environment in the development of cognitive abilities. University of Texas, Austin. $52,123.

A project to test remediation techniques in helping children who have learning disabilities or potential learning disabilities. Androscoggin County Task Force on Social Welfare, Inc., Auburn, Me. $83,943 (Model Cities).

An evaluation of 4–C Model Cities projects that provide services to meet children's educational and social needs. Child and Youth Development Institute, Nashville, Tenn. $48,850.

A project using residents of the Holly Park Community as child advocates. University of Washington School of Medicine, Seattle. $106,199.

A study of the ways professional persons and the public acquire information on child health, specifically the "Report of the Conference on the Use of Stimulant Drugs in the Treatment of Behav-

iorally Disturbed Young School Children," issued in 1971 by OCD. George Washington University, Washington, D.C. $42,416.

A research utilization and information-sharing project to stimulate the development and exchange of knowledge in infant intervention and adolescent parenting among professional researchers. George Washington University, Washington, D.C. $76,677.

Juvenile trials

Trial by jury in a juvenile court is not a constitutional requirement, the Supreme Court of the United States ruled in a 6–3 decision June 21, 1971, in *McKeiver et al* v. *Pennsylvania*. The Court rejected appeals for juvenile jury trials in two Pennsylvania cases and one North Carolina case.

In the majority opinion, Justice Harry A. Blackmun held that if the formalities of the criminal adjudicative process are to be superimposed upon the juvenile court system, there is little need for its separate existence. Moreover, the opinion pointed out that the requiring of a jury trial would undermine the juvenile court's assumed ability to function in a unique manner, without greatly strengthening its fact-finding function. The Court observed that there is no constitutional barrier to prevent a juvenile court judge from using an advisory jury, however.

Family and child services

The Children's Bureau, Office of Child Development, and the Community Services Administration, Social and Rehabilitation Service, have recently issued a guide to serve as a tool for public welfare agencies in planning to expand and improve the quality of their service programs with the use of a wide range of both professional and subprofessional staff as required by regulations of the Department of Health, Education, and Welfare.

The guide points out that two of the major problems facing the agencies in this period of change are: (1) the determination of what services the agency should and can provide; and (2) the selection and training of staff for effective performance. To help in the solution of these problems the guide presents a way of using the process of systems analysis to examine the agency's purpose, goals, and objectives and to identify what must get done to achieve these objectives—in other words, to find out what services the agency must provide to meet its obligation to the people it is designed to serve and what will be required to provide them.

The guide describes a method of functional job analysis to define the tasks that must be performed by staff members of various levels of education and experience to get the work done. Appendices include examples of task statements, performance standards, knowledge and skills required and level of complexity of tasks in selected areas of family and child welfare services.

The purpose of the guide is to help social agencies, public and voluntary, serving children and their families to pursue an orderly, disciplined approach in program planning, service delivery, and differential use of staff.

Annie Lee Sandusky was chairman of the staff committee that prepared the guide. ("The Differential Use of Staff in Family and Child Welfare Services, with particular reference to subprofessional staff: a guide." Copies are available on request from the Children's Bureau or CSA.)

Retarded children

Mothers and teachers who work together systematically to reinforce appropriate behavior in the home and in the classroom can change a severely retarded child's bizarre life style to a more socially acceptable one, as shown in a demonstration conducted by the Exceptional Children's Foundation of Los Angeles.

Five of the six children whose mothers participated in a 1-year behavior modification training program in 1969 were able to enroll in public school classes for exceptional children the next year.

The mothers' training was tied to a special class for children between the ages of 8 and 12 who had been diagnosed as autistic, schizophrenic, aphasic, or severely retarded, but were still living at home. Sponsored by ECF, a voluntary agency serving the mentally retarded, the children's class was conducted by a teacher and an assistant skilled in using reinforcement methods to achieve specific behavioral objectives.

The mothers, the teacher, a psychologist, and a social worker held weekly group meetings. Each mother also worked in the classroom at least once a week on a regular schedule. After observing how the teacher used behavior modification methods to help a group of children and an individual child perform an assigned task, each mother worked with a group and an individual child under the supervision of the teacher. Finally the mothers used reinforcement methods without supervision to teach a task to a group, an individual child, and her own child.

An important part of the program contract was the mothers' agreement to engage in specific behavior modification tasks at home as a carryover of the work in the classroom. Each day the teacher prepared an individual, written prescription of a task for each child. At home the mother worked with her child on the task for a specific time or until it was completed; then she wrote a brief assessment of her child's progress and returned the prescription form to the teacher the next day. Assignments and prescriptions were changed by the teacher based on the feedback received from the mothers. Mothers and staff members reviewed their successes and failures at the weekly group session.

By the end of the year, the children had made measurable gains: all had reduced their bizarre behavior—arm flapping, rocking, uncontrollable rages, and so forth; they had also lengthened their attention span, learned to follow directions and complete assigned tasks, established eye contact with others, improved their speech, and begun to interact with other children.

Further information may be obtained from Molly C. Gorelick, Ed.D., associate professor, who directed the program. (Address: Preschool Laboratory, San Fernando Valley State College, Northridge, Calif. 91324.)

Health Start

Since its introduction in July 1971, Health Start has provided comprehensive medical and dental services to more than 12,000 disadvantaged preschool children through 28 projects supported by the Office of Child Development in the 10 HEW regions. With the initial physical and dental examinations and vision and hearing screening in most projects now completed, Health Start coordinators are making sure that followup care will be provided throughout the year to meet medical and dental needs of the children.

The seven urban and 21 rural area projects have been set up in a variety of settings—a day camp in Penobscot County, Maine; the Tot Lot play center in Flint, Mich.; a health center in Rio Piedras, P.R.; a migrant camp in The Dalles, Oreg.; Head Start and community health clinics; and even the children's own homes. Health Start staff members—nurses, health aides, and teachers—have involved the entire family in the fundamentals of health care.

In addition to its own staff, each Health Start project has drawn on community health resources, including pediatricians, dentists, nurses, medical and dental students, State and local public health departments, medical clinics and hospitals, and volunteers for immunizations, blood tests, medical and dental examinations, and other specific services.

Miscellaneous

On June 30, 1971, President Nixon signed Public Law 92–31, extending the Juvenile Delinquency Prevention and Control Act of 1968 for 1 year. The new law authorizes appropriations up to a total of $75 million for activities related to preventing and reducing juvenile delinquency. It also sets up an interdepartmental council to coordinate all Federal juvenile delinquency programs, authorizes the Secretary of HEW to make grants up to 75 percent of the cost of rehabilitation projects and delinquency prevention programs, and allows nonprofit private agencies to receive Federal funds for rehabilitation programs. The Youth Development and Delinquency Prevention Administration of HEW is charged with administration of the act.

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Neighborhood Youth Corps members in 14 metropolitan areas have been using "Sesame Street" to tutor innercity preschool children during the past summer. A recently completed $600,000 national project conducted by the Department of Labor's Manpower Administration involved 1,500 high school students and 15,000 preschool children.

With their pupils, the NYC "teachers" watched the educational TV series each weekday in day-care centers and established viewing centers in store fronts, libraries, private homes, and public housing developments in innercity neighborhoods. Then the "teachers" directed the younger children in games that call for letters, numbers, geometric forms, and other information presented on "Sesame Street," using a curriculum developed by the Children's Television Workshop. The NYC members were paid an average of $40 a week.

Correction

Through a typographical error in the July–August 1971 issue of CHILDREN, Elliot Liebow was incorrectly identified in Cecelia E. Sudia's article, "Minorities Achieve the Right to Question Achievement," (p. 155). Dr. Liebow is chief, Center for Studies of Metropolitan Problems, National Institute of Mental Health; Bertram S. Brown is director, National Institute of Mental Health.

READERS' EXCHANGE

GRAY: conflicts in values

Susan Gray is to be complimented for having thought through some of the ambiguities that surround intervention research with young children and some of the conflicts that researchers who enter this area must learn to live with in a modest degree of comfort. ("Ethical Issues in Research in Early Childhood Intervention," CHILDREN, May–June 1971.)

Dr. Gray acknowledges the obligation of researchers to recognize the legal and moral authority of the parent to speak for the child—to give or withhold permission to participate in programs, to seek or avoid involvement with an intervention program, and so forth. No one would question the validity of that parental right. But the researcher will be put into serious ethical conflict about his responsibility to the children when the exercise of parental rights appears to jeopardize the welfare of the child.

Consider an example from our program: a 2-year-old boy came to the day care center one morning with bruises over his arms and legs and a cut above his right eye wide enough to require sutures. His mother said a neighbor child had hit her son with a stick. When the school nurse said the cut needed immediate treatment, the mother replied that she could not afford to leave work to take the boy to the emergency room. Although the parents had authorized our center authorities to act in a medical emergency, the doctors would not treat the injury without the mother. Center staff members were forced to defer to the parental right not to act.

A second kind of conflict-arousing situation relates to parental action that sabotages objectives of the intervention program. An example is the parent who castigates the teacher for not using physical punishment. One mother withdrew her daughter because we would not "beat" the child when she had a toilet accident.

Other more subtle but perhaps more damaging kinds of sabotage can also occur. A 5-year-old girl in our kindergarten one morning identified children that she could not play with. The children on the forbidden list, all of whom were black, soon felt the impact of rejection. Were we failing to respect the parent's rights to speak for their child when we tried to help them understand the effect of such an edict on the rejected children and the center?

A similar type of conflict may occur when the parent does not share the researcher's convictions about the value of the intervention. Some parents bring the child only one day out of five, thus preventing both their own child and another child who otherwise would be enrolled from taking advantage of the program. Such behavior characterizes the families most in need of the very experiences provided by intervention. Can the intervener ethically remain passive? Or should he try to persuade the parents of the value of the intervention?

Dr. Richard Elardo and I are currently collecting data to determine whether there is any empirical validity in the oft-stated accusation that intervention programs are predicated on middle-class values and parents of the

participating children do not share these values. Our early findings suggest that the parents of children in our intervention project share the staff's objectives for their children.

The risk-benefit ratio, a term used in the American Psychological Association Code of Ethics, offers a guideline for intervention. If the presumed risk is great and the potential benefit small, obviously no intervention should occur. Nor should intervention occur if risk and benefit are presumably equal. If the potential benefit exceeds the risks, however, the researcher is not only free to intervene but is perhaps obligated to do so. I am grateful to Dr. Gray for reminding us of the conceptual formula.

Delaying field tests with human subjects until the possible risk-benefit ratio is clearly on the side of benefit should solve some potential conflicts in research. If the reseacher makes certain that he has taken all the necessary preliminary steps, he should have few scruples about seeming to abandon impartiality and objectivity as he advocates intervention. In this context he will be acting as an advocate for the welfare of the children involved in his research.

Bettye M. Caldwell
Director, Center for Early Development and Education
Little Rock, Ark.

GRAY: broad intervention research

It was indeed refreshing to read Susan Gray's article. As a pioneer in the modern field of intervention research, Dr. Gray has a wealth of experience to share; as a sensitive and humane person, she has conceptualized many of the ethical issues left unheeded by the majority of researchers in this field today.

Dr. Gray elaborates the concept "you can't do just one thing" by pointing out that "no matter what the point of entry, when one is trying to make profound changes in a system, one must work with due regard to all the aspects of that system, including the relationships involved." It seems to me that this has been the most neglected thought in intervention research. We have repeatedly seen projects suffering from theoretical narrowness—projects that supposedly foster intellectual development but pay no regard to the children's personal and social growth, their nutritional status, or the importance of their parents.

Recently, a trend to including the mother in the so-called home intervention projects has appeared but I have rarely seen a report of a project that tried to involve fathers. Apparently, in such research little thought has been given to including the question of how the various members of a family affect each other and to examining the possible destructive results on a family system of marked changes in only one member.

One issue involved in working with parents is the controversial problem of parental control of programs. Nothing is more likely to raise cries of anguish. Many professional persons have failed to think clearly about what they know theoretically: that the most effective way of changing a disadvantaged person's sense of hopelessness and lack of control over his life is to allow him to experience in a *real* way a situation in which he does have control.

The arrogance of professional persons who say in effect, "parents don't know what's best for them," or "they'll make mistakes" is agonizing to behold. What professional person always knows what is best, or doesn't make mistakes? Serious respect *must* be paid to the process by which people learn and change—by taking responsibility for their behavior and then suffering or thoroughly enjoying the consequences.

The cultural inappropriateness of many current intervention projects—in family homes, day care centers, and schools—derives from a lack of respect for differences in people. Dr. Gray clearly speaks to the importance of cultural pluralism.

Finally, I would stress the importance of research persons becoming lobbyists who say loudly and clearly what we know about the costs to society of not intervening to eliminate the "disadvantages" hampering children's development. Dr. Gray notes ruefully that intervention is not popular anymore. The extreme importance of social change agents must not be forgotten, no matter what the political climate.

Dorothy S. Huntington
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Washington, D.C.

An agency's efforts

In connection with the Children's Bureau's current interest in uncovering adoption resources for black children, I would like to describe the efforts that our agency has been making since last fall to recruit black families in North Carolina for adoption. Among other steps these efforts have included:

- Organizing concerned black groups throughout the State to interpret the needs of homeless black children.
- Enlisting the aid of the organized black groups in critically examining our past and present practices for possible deterrents to applications from black families.
- Adjusting agency practices that have kept families away, for example: revising rigid application procedures; making intake procedures more flexible on receipt of the application; having a worker available for the home study at hours convenient for the perspective adoptive parents; adopting an accepting attitude toward the "life style" of black families; and conveying an encouraging and hopeful attitude toward the families showing interest in adoption.
- Adding two black social workers to the staff.
- Providing field placements for two black students of the University of North Carolina School of Social Work.
- Sending publicity material to all major newspapers in the State, including the black press.
- Furnishing spot announcements and interviews on black radio stations that feature soul music.
- Arranging interviews featuring black adoptive families for major television stations.
- Distributing posters describing the availability of adoptable black children to county fairs, personnel offices, churches, and schools.
- Distributing handouts about adoption by black leaders at churches and other meetings.

The success has been tremendous. Fifty-one placements have been made, 30 homes are under study, and 58 other homes have been approved.

We have not encountered obstacles in this effort. The confidence and support of black leaders were obtained initially by allowing for a nondefensive type of confrontation. They served as the liaison between the agency and the black community.

Dorothy Curlee
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Children's Home Society of North Carolina, Inc.
Greensboro, N.C.

U.S. Government Publications

Publications for which prices are quoted are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Orders should be accompanied by payment. Twenty-five percent discount on quantities of 100 or more.

IMMUNITY . . . protection against disease. Shirley Winston. HEW, OCD, Children's Bureau. CB Publication 56. 1971. 8 pp. 20 cents.

Discusses the importance of immunization and how the body builds defenses, and recommends an immunization schedule for children up to age 14.

DELINQUENCY PREVENTION STRATEGIES. HEW, SRS, Youth Development and Delinquency Prevention Administration. 1970. 20 pp. 20 cents.

Describes briefly a concept of delinquency prevention and offers suggestions for a preventive program.

REVIEW AND SUMMARY OF A NATIONAL SURVEY OF THE PARENT-CHILD CENTER PROGRAM. Joan Costello. HEW, OCD, Bureau of Head Start and Early Childhood. 1971. Single copies free from OCD.

Analyzes the findings of a study by Kirschner Associates, Inc., of the first year of operation of Parent and Child Centers and their impact on children, families, and communities.

HEW refers to Department of Health, Education, and Welfare; OCD, to Office of Child Development; PHS, to Public Health Service; SRS, to Social and Rehabilitation Service.

FAMILIES FOR BLACK CHILDREN: the search for adoptive parents. Elizabeth Herzog, Cecelia Sudia, Jane Harwood, Carol Newcomb. HEW, OCD, Children's Bureau. 1971. 79 pp. 75 cents.

Presents the findings of a survey to identify crucial elements in planning a program to increase the number of adoptive families available for black children in need of placement. (See p. 143, CHILDREN, July–August 1971.)

AN ANNOTATED BIBLIOGRAPHY ON CHILDREN. HEW Department Library, for the White House Conference on Children. 1970. (Reprinted 1971.) 75 pp. 70 cents. (Only available through Superintendent of Documents.)

Lists and annotates published materials related to topics of the 1970 White House Conference on Children.

DIVERTING YOUTH FROM THE CORRECTIONAL SYSTEM. HEW, SRS, Youth Development and Delinquency Prevention Administration. 1971. 82 pp. Single copies free from SRS.

Presents three articles about the juvenile justice system—a brief review of court intake procedures, an examination of the current high rate of juvenile detention, and a description of the youth services bureau concept.

THE PREMATURE BABY. Shirley Winston. HEW, OCD, Children's Bureau. CB Publication 40. Revised 1971. 9 pp. 20 cents.

Discusses questions frequently asked about prematurity—causes, preventive measures, difficulties, and care and development of the premature baby.

CHILD CARE DATA AND MATERIALS. Committee on Finance, U.S. Senate. 1971. 156 pp. 65 cents.

Contains statistics, reports, legislation, and regulations on child care.

MENTAL HEALTH CONSULTATION TO PROGRAMS FOR CHILDREN: a review of data collected from selected U.S. sites. Franklin B. McClung and Alastair A. Stunden. HEW, PHS, National Clearinghouse for Mental Health Information. PHS Publication 2066. 1970. 60 pp. 65 cents.

Describes a study of programs, practices, and procedures of child mental health consultation in 18 centers at 10 sites, with recommendations for the development of new programs in training and research.

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